

LO3 0000 38805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

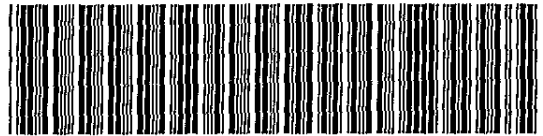
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Enclosed you will find the Aricles of Organization for:

The Lion's Eye, LLC

**Registered Agent :
Clara Gunde
2002 Muskingum Avenue
Cocoa FL 32926
321-636-8506**

Attached you will also find a check for \$130.00 for filing fees.

Thank you for your assistance

Clara Gunde

2013
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Lion's EYE, LLC.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clara Gurde
(Name of Person)

The Lion's Eye, LLC.
(Firm/Company)

2002 MUSTINGUM Ave
(Address)

Coconut FL 32926
(City/State and Zip Code)

For further information concerning this matter, please call:

Clara Gurde at (321) 636-8506
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE Lion's Eye, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

243 Plumosa Ave
Merritt Island FL
32953

Mailing Address:

2002 MUSTINGUM Ave
Cocoa FL 32926

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Clara Gunde
Name

2002 MUSTINGUM Ave
Florida street address (P.O. Box **NOT** acceptable)
Cocoa FL 32926
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Clara Gunde
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Teresa Riggs
6761 Cecil Rd
Cocoa FL 32927

MGRM

TRACY PARSONS
13391 Nelson Ct
Rockledge FL
32955

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Clara Gunde

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Clara Gunde

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)