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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
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## TRANSMITTAL LETTER

TO: Registration ! Division of C			
SUBJECT: Annalis	a Mannix-Lachner Engineerin		
	(Name of Limite	d Liability Company)	
	of Organization and fee(s) are s		
Annalis	e Mannix-Lachner		
<del></del>	()	Name of Person)	<del></del>
Annalise Mannix-L	achner Engineering and Con	suitina. LLC	7,005
		Firm/Company)	ESSE T
			ML 18 PH 2: 30 LAHLISSEE, FLORI
3739 Paul	a Avenue		SET
		(Address)	75.7
Key	West, FL 33040		DA CORT
	(City	/State and Zip Code)	<del></del>
For further informatio	n concerning this matter, please	call:	
Annalise Mannix-La	chner	at ( 305 ) 292-5299	
(Nati	ne of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check	for the following amount:		
☐ \$125.00 Filing Fee	c 1 \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Divi 409	EET ADDRESS: istration Section sion of Corporations E. Gaines Street ahassee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLE I - Name:	
The name of the Limited Liability Compan	y is:
Annalise Mannix-Lachner Engineering and Cor	sulting, LLC
ARTICLE II - Address:	
The mailing address and street address of the	he principal office of the Limited Liability Company is
Bringing Office Address.	Mailing Address:
Principal Office Address:	Withing Address:
3739 Paula Avenue	3739 Paula Avenue
Key West, Fl 33040	Key West, FL 33040
	carried the second seco
ARTICLE III - Registered Agent, Regist	tered Office, & Registered Agent's Signature
The name and the Florida street address of	the registered agent are:
ine name and the Horkat Street address of	
Annalise Mannix-Lachner	Section 2
<u></u>	Vame
3739 Paula Ave.	et address (P.O. Box NOT acceptable)
Florida stre	et address (P.O. Box NOT acceptable)
Key West, FL 33040	FL.
City, S	tate, 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..

(CONTINUED)

Page 1 of 2

Title:		Name and Address:	
"MGR" = Manag	 per	- 1001-2 (100-1 VICTA A10)	
"MGRM" = Man			
	-		
MGRM		Annalise Mannix-La	chner
		3739 Paula Ave.	<del></del>
		Key West, FL 3304	10
ADDROVERS	100 - 45 10 - 4		
ARTICLE V-E	meenve Date:		
The effective date	offiling shall be I	iki 14. 2005	
The effective date	Or must stem och	uy 14,2000.	
REQUIRED SI	GNATURE:		1
REQUIRED SI	IGNATURE:		
REQUIRED SI	GNATURE:	The Hame	- hechor
REQUIRED SI	(en	The life House	Juchova member
REQUIRED SI	Signature of a mer	nber or an authorized represents	
REQUIRED SI	Signature of a mea	n section 608,408(3), Florida Statut	es, the execution of this
REQUIRED SI	Signature of a mea	n section 608,408(3), Florida Statut es an affirmation under the penaltic	es, the execution of this
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REQUIRED SI	Signature of a mer (In accordance with document constitut stated herein are tru	n section 608,408(3), Florida Statut es an affirmation under the penaltic le.)	es, the execution of this as of perjury that the facts
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