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| Certified Copies | _ Certificates o | of Status |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: Lost Trading Compan | y, LLC |
| 20202011 | y, LLC ited Liability Company |
| | 7 |
| The enclosed Articles of Organization and fee(s) ar | e submitted for filing. |
| Please return all correspondence concerning this ma | atter to the following: |
| Sharon McGee Hale | |
| | Name of Person |
| Hale, McGee & Associate | es, LLC |
| | Firm/Company |
| 883 W Granada Blvd | |
| | Address |
| Ormond Beach, FL 32174 | |
| C | ity/State and Zip Code |
| halemcgee@bellsouth.net | |
| | for future annual report notification) |
| For further information concerning this matter, plea | se call: |
| Sharon McGee Hale | at (386) 672-6742 |
| Name of Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$\bigsim \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN ARTICLE I - Name: The name of the Limited Liability Company is: Lost Trading Company, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** 41 Plaza Drive PO Box 1761 Ormond Beach, FL 32175 Ormond Beach, FL 32176 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Sharon McGee Hale 883 W Granada Blvd

Florida street address (P.O. Box NOT acceptable)
Ormond Beach
FL 32174
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..

Registered Agent's Signature (REQUIRED)

(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: |
|--|--|
| MGR | Lance Phifer 41 Plaza Drive Ormond Beach, FL 32176 |
| MGRM | Kurt Phifer 3322 Falling Acom Circle Lake Mary, FL 32746 |
| | |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other than (If an effective date is listed, the date mu to or 90 days after the date of filing.) | n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior |
| <u>REQUIRED</u> SIGNATURE: | |
| Signature of a mo | ember or an authorized representative of a member. |
| (In accordance with section constitutes an affirmation I am aware that any false is constitutes a third degree to | n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) |
| Lance Phif | Typed or printed name of signee |
| | . Then or house manie or military |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)