480000091729

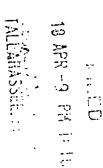
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· , ,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
3

Office Use Only



800311371538

04/09/18~-01028--027 **130.00



(11)

D O'KEEFE APR 1 6 2010

COVER LETTER

то:	New Filing Section Division of Corporations	
SUBJE	CT: LANDRY HOUSE,	LLC mited Liability Company
The enc	losed Articles of Organization and fee(s) a	re submitted for filing.
Please r	eturn all correspondence concerning this m	latter to the following:
	AMYE VENANC	Name of Person
	LANDRY HOUS	F, LLC Firm/Company
	37 GROVE AV	Address
	ST AUGUSTINE IF wishes were F-mail address: (to be use)	City/State and Zip Code ATT. NET d for future annual report notification)
For furthe	er information concerning this matter, pleas	
		904) 829 OB81 Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:	
]\$ 125.00	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LANDRY HOUSE	LLC
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

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

4533 DELEON PL. 4533 DELEON PL. ST. AUGUSTINE FL 32095

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:

Principal Office Address:

ERIC LAND BY

Name

633 SAN ROBAR DR.

Florida street address (P.O. Box NOT acceptable)

ORANGE PARK FL 32073

City State 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member "MGR" = Manager MGR MGR	AMYEVENANCIO MGR. 45.33 DELEON PL ST. AUGUSTINE FL 32095 PAUL LANDRY MGR. 505 20 ST.
	PAUL LANDRY MGR.
MGR	
	NICKOLAS J. LANDRY MGR. 305 CHAPEL RD
	ST AUGUSTINE FL 32084
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
Clamas	1/2, 24.5
(~1.04~	10 km www.
This document is executed I am aware that any false into	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
This document is executed I am aware that any false int constitutes a third degree fel	in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State
This document is executed I am aware that any false interest constitutes a third degree fellows. AMYE	in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State
This document is executed I am aware that any false interest constitutes a third degree fellows. AMYE	in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S. VENANCIO
This document is executed I am aware that any false interest constitutes a third degree fellows. AMYE	in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S. VENANCIO Typed or printed name of signee Filing Fees: hization and Designation of Registered Agent