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## **COVER LETTER**

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		CO	VER LETT	TER	137.	10 Maga
	ew Filing Sec vivision of Co					
SUBJECT	r: Lamb Hon	ne Services LLC Name of Lin	ited Liabil	ity Company		34
The enclos	sed Articles of	Organization and fee(s) are	submitted	for filing.		
Please retu	ırn all correspo	ondence concerning this ma	tter to the f	following:		
	Stacy Lamb		. <u>.</u>			
			Name of	Person		
			Firm/Co	mpany		
	207 Walthan	n Ct	Addr	PSS		
			7,440	•55		
	Davenport		. –			
			ity/State an	d Zip Code		
		rvices@gmail.com E-mail address: (to be used	for future a	nnual report notificati	on)	
For further i		ncerning this matter, please		•	,	
	Stacy Lamb	_at ( <u>26</u>	00	) 4528285		
	Nam		rea Code	Daytime Telephon	e Number	
Enclosed i	s a check for t	he following amount:				
□\$125.00	) Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclo	

Mailing Address

> **New Filing Section** Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLE IV-

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

Title:	Name and Address: uthorized Member
"MGR" = Ma	
MGR	Stacy Lamb
	207 Waltham Ct Davenport, Florida 33897
	Davenport, 1 fortua 53697
AMBR	Jennifer Lamb
<u> </u>	207 Waltham Ct
	Davenport, Florida 33897
(Hen attachm	ent if necessary)
(Ose attacimic	in in necessary
ARTICLE V: Effective	e date, if other than the date of filing:
	isted, the date must be specific and cannot be more than five business days prior to or 90 days after
the date of filing.) Note: If the date inser	ted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	we date on the Department of State's records.
ADTICLE VI. Orbor m	andrian fran
ARTICLE VI: Other pr	ovisions, if any.
REQUIRED	SIGNATURE:
MAN CHANGE	Lam/ N. M.
	Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	I am aware that any false information submitted in a document to the Department of State
	constitutes a third degree felony as provided for in s.817.155, F.S.
	Stacy Lamb
	Typed or printed name of signee

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)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street addre	Office Address:	ce of the Limited	Liability Company is:  Mailing Address:  Waltham Ct
he mailing address and street address address and street address	Office Address:	<u>207</u>	Mailing Address: Waltham Ct
207 Waltham Ct, Davenport, Florida 3389			Waltham Ct
Davenport, Florida 3389	77		
	07	Dav	*** 11 33000
DTICLE III. Desirement A			enport, Florida 33897
7	Stacy Lamb		
	1)		
<u>_2</u>	N 207 Waltham Ct		
<del>-</del>		P.O. Box <u>NOT</u> a	cceptable)
F	207 Waltham Ct	P.O. Box <u>NOT</u> a	cceptable) 33897

(CONTINUED)

Registered Agent's Signature (REQUIRED)