Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC

Account Number : I20170000097

Phone : (727)279-5037

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jasonmurray284@gmail.com

FLORIDA LIMITED LIABILITY CO.

LALU Vacation Rentals, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION

FOR

LALU VACATION RENTALS, LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name

The name of the Limited Liability Company is: LALU Vacation Rentals, LLC (the "Company").

<u>ARTICLE</u>	<u>II.</u>
Address	

The principal office and mailing address of the Company is:

4522 W Village Drive #6041 Tampa, Florida 33624

SECRETARY OF STATE TALLAHASSEE, FL

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Jason L. Murray 4522 W Village Drive #6041 Tampa, FL 33624-3429

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.

Jason L. Murray (sign)

ARTICLE IV. **Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

Title	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	Jason L. Murray 4522 W Village Drive #6041 Tampa, Florida 33624
MGR	Megan Murray 4522 W Village Drive #6041 Tampa, Florida 33624

ARTICLE V. The Effective date shall be the date of filing.

(sign)

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.

Jason L. Murray	
Authorized Representative/Member	-