Division of Corporations

https://ccfssil.dos.state.fl.us/scripts/efficovr.ext

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000037533 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)922-4003

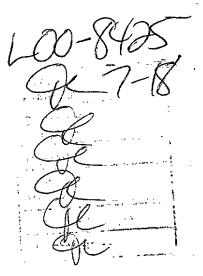
From:

Account Name : FILINGS, INC. Account Number: 072720000101 Phone (850) 385-6735 Fax Number : (800)881-6761

LIMITED LIABILITY COMPANY

LMC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LMC, LLC

ARTICLE II - Address:

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

49 Johnny Cake Drive, Naples, FL 34110

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and Florida street address of the registered agent are:

Timothy J. Butler

49 Johnny Cake Drive

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

Naples. FL 34110

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 Agenc's Signature

ARTICLE IV - Management (Check box if applicable)

[] The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member

(in accordance with section 608, 408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true,)

Timothy J. Butler

Typed or printed name of signee

FILING FEES: \$100,00 Filing For for Articles of Organization \$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)