Florida Department of State

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

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To:

Division of Corporations

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From:

Account Name : STANTON AND GASDICK, P.A.

Account Number : 075350000152

: (407)423-5203

Fax Number

: (407)425-4105

LIMITED LIABILITY COMPANY

Lucille's Legacy, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION OF LUCILLE'S LEGACY, LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "Lucille's Legacy, LLC."

ARTICLE II - Address:

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

3020 Juneberry Terrace Oviedo, Florida 32766-6629

ARTICLE III — Registered Agent:

Gretchen L. Woods 3020 Juneberry Terrace Oviedo, Florida 32766-6629

The name and the Florida street address of the initial registered agent are:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE IV - Management:

The Company is to be managed by the members.

ARTICLE V -- Limitation on Agency Authority of Members:

Pursuant to section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

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IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and ackr pwledged them to be my act this <u>22</u> day of July, 2002.

Signature of authorized representative Gretchen L. Woods

(In accordance with section ()8.408(3), Florida Statules, the execution of this change constitutes an affirmation under the enalties of perjury that the facts stated herein are true.)

STATEMENT ACCEPTI IG APPOINTMENT AS RECISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I further agree to comply with the provisions of all statutes relying to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

(he accordance with section 508.468(3), Florida Statutes, the execution of this statement constitutes an affirmation under the sensities of perjury that the facts stated herein are true.)

Signature of Registered Agent

Gretchen L. Woods

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