L02000032248

DAVID M. LYONS (Requestor's Name)
(Requestor's Name)
1729 AUGUSTINE PL, (Address)
(Address)
TAUALIA>5+2", PC 323-1 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
THE LYONS (O. LAC (Business Entity Name)
(Document Number)
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RECIEIVED SECRETARY OF STATE OF CORPORATION OF CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
THE LYONG CO. LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 1729 AUGUSTING PL.
TAUAHASSEE, FL. 32301
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur
The name and the Florida street address of the registered agent are:
DAVID M. LYONS
Name 3
1729 AVGUSTINE PL.
Florida street address (P.O. Box NOT acceptable) TAUAHASEPE FL 32301
City, State, and Zip
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 Agent'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 manager - managed company.
therefore, a manager - managed company.
(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.)
Typed or printed name of signee
Typed or printed name of signee
Filing Fees: \$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)