

L03000009933

Florida Department of State
Division of Corporations
Public Access System

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.

(((H03000085349 6)))

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) 205-0383

From:
Account Name : HAILE, SHAW & PAFFENBERGER, P.A.
Account Number : 076326003550
Phone : (561) 627-8100
Fax Number : (561) 622-7603

RECEIVED
03 MAR 20 AM 7:41
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

LTMT, LLC

Name Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Acknowledgement	DCC
Server	DCC

Certificate of Status	0
Certified Copy	0
Page Count	013
Estimated Charge	\$125.00

FILED
03 MAR 19 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H03000085349

**ARTICLES OF ORGANIZATION
OF
LTMT, LLC**

The undersigned member, for the purpose of forming a limited liability company under the Florida Limited Liability Act, Florida Statutes Chapter 608 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

ARTICLE I - NAME

The name of the limited liability company shall be LTMT, LLC (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is 11780 U.S. Highway #1, Suite 400, North Palm Beach, Florida 33408.


ARTICLE III - REGISTERED AGENT

The name of the registered agent of the Company in the State of Florida is James H. Schnare II, and his office address is 11780 U.S. Highway #1, Suite 300, North Palm Beach, Florida 33408.

ARTICLE IV - MANAGEMENT BY MANAGER

The Company is to be a manager-managed limited liability company.

IN WITNESS WHEREOF, the undersigned has made, subscribed and affirmed these Articles of Organization under the penalties of perjury as the duly authorized representative of the members of the Company at North Palm Beach, Florida, this 19th day of March, 2003.


James H. Schnare II, as Authorized
Representative

H03000085349

H03000085349

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
AND REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned submits the following statement to accept the designation of registered office and agent in the State of Florida set forth in Article III of the foregoing Articles of Organization..

1. The name of the limited liability company is LTMT, LLC.
2. The name of the registered agent in the State of Florida is James H. Schnare II, an individual resident of Florida.
3. The address of the registered agent in the State of Florida is 11780 U.S. Highway #1, Suite 300, North Palm Beach, Florida 33408.

THE UNDERSIGNED HEREBY accepts his appointment as Registered Agent of the aforesaid Limited Liability Company. I am familiar with, and accept the obligations of, Section 608.415 of the Florida Statutes.


James H. Schnare II

FILED
03 MAR 19 PM 4 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H03000085349