L0300015072

(Re	equestor's Name)	<u></u>
(Ad	ldress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phoni	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
		:
		1





400015848004

44/28/03=-01074--004 <u>*</u>*155.00

CS ATR 28 DELL 32

WISHES AND SAMIONS
TANDONS

TO THE STATE OF THE STA

33 APR 28 PM

BR

CAPITAL CONNECTION, INC.

17 F. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

akewood H	lardone, LLC			THE PARTY OF THE
······································				
				
		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	Art of Inc. File	<u>.</u> -
•		,- -	LTD Partnership File	
			Foreign Corp. File	.
		ــــــــــــــــــــــــــــــــــــــ	L.C. File	
		\	Fictitious Name File	_
			Trade/Service Mark	
			Merger File	-
		-	Art. of Amend. File	_
		_	RA Resignation	F
			Dissolution / Withdrawal	
		\	Annual Report / Reinstatement	
		<u></u>	Cert. Copy	÷ pat —
		_	Photo Copy	
			Certificate of Good Standing	 .
		_	Certificate of Status	
		_	Certificate of Fictitious Name	 .
		\ _	Corp Record Search	
		_	Officer Search	
			Fictitious Search	-
Signature	· · · · · · · · · · · · · · · · · · ·		Fictitious Owner Search	 .
2.8		_	Vehicle Search	••
	~,,,		Driving Record	
Requested by:	illactor a.	~ -	UCC 1 or 3 File	
Name	Date Time	25	UCC 11 Search	
TAME	Date Time	_	UCC 11 Retrieval	•
Walk-In	Will Pick Up		Courier	
ii → Ponder ≡ Filhang • Inomasville, G	A 6/60			

ARTICLES OF ORGANIZATION

OF

LAKEWOOD HARDWARE, L.L.C.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization:

ARTICLE 1 - NAME

The name of this limited liability company is Lakewood Hardware, L.L.C.

ARTICLE II - DURATION

This limited liability company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - ADDRESS

The mailing address and street address of the principal office of the Company shall be 4892 N. Kings Highway, Fort Pierce, Florida 34951.

ARTICLE IV - MANAGEMENT

Management of the Company shall be reserved to the Members. The Managing Member shall be Thomas E. Hall. The Members of the Company are as follows:

Thomas E. Hall 826 S.E. Damask Avenue Port St. Lucie, Florida 34983 Susan A. Hall 826 S.E. Damask Avenue Port St. Lucie, Florida 34983

ARTICLE V - ADDITIONAL MEMBERS

Members shall have the right to admit additional members from time to time on such terms and conditions as the Members shall deem advisable and acceptable.

ARTICLE VI -SURVIVORSHIP

In the event any Member or Members shall die, resign, retire, be expelled, be adjudicated bankrupt, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members shall have the right to continue the business.

ARTICLE VI - REGISTERED AGENT

The street address of the initial registered agent of the Company is Rickey L. Farrell, 1595 SE Port St. Lucie Boulevard, Port St. Lucie, Florida 34952.

THOMAS E. HAL Managing Member

STATE OF FLORIDA **COUNTY OF ST. LUCIE**

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Thomas E. Hall, who has produced Fo PRIVERS LICOUSE as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 21st day of 4 2003.

(SEAL)

Tiffany N. Gonsalves MY COMMISSION # CC885674 EXPIRES November 7, 2003 BONDED THRU TROY FAIN INSURANCE, INC.

Notary Public State of Florida at Large

Printed Signature: TIFFAWY N. Gonsalves My Commission No:

Control of the state of the sta

My Commission Expires:

ACCEPTANCE BY REGISTERED AGENT

named company, at the place descapacity, and I further agree to co	egistered Agent to accept service of process for the above signated in this certificate, I hereby agree to act in this mply with the provisions of all statutes relative to the proper amiliar with and accept the obligations of such position. RICKEY L. FARRELL Registered Agent
STATE OF FLORIDA COUNTY OF ST. LUCIE	
County set forth above, personally	ublic authorized to take acknowledgments in the State and appeared Rickey L. Farrell, who has produced
v	I have set my hand and seal in the State and County above, _, 2003.
(SEAL)	Notary Public State of Florida at Large Printed Signature: TIFFAUA J. GOUSALVES My Commission No:
Titiony N. Gonsalves MY COMMISSION # CC885674 EXPIRES November 7, 2003 BONDED THRU TROY FAIN INSURANCE INC	My Commission Expires: