

L03 0000 41 663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

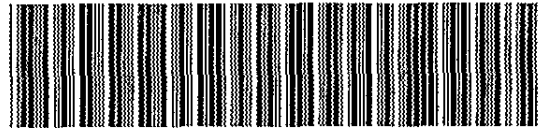
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200024147282

10/27/03--01054--019 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 OCT 27 PM 12:46

FILED

1029
Cust

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAMMER #1, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. MARK FISHER
Attorney at Law
148 Miracle Strip Pkwy, SE, Suite 2
Ft. Walton Beach, FL 32548

For further information concerning this matter, please call:

Brian S. Lammer at (850) 457-3489
(Name of Person) Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 OCT 27 PM 12:46

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: **LAMMER #1, LLC**

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5119 Treahna Road
Pensacola, FL 32526

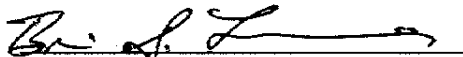
5119 Treahna Road
Pensacola, FL 32526

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's
Signature:**

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

Brian S. Lammer
5119 Treahna Road
Pensacola, FL 32526

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 Agent's Signature

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 OCT 27 PM 12:46

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

Brian S. Lammer
5119 Treahna Road
Pensacola, FL 32526

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

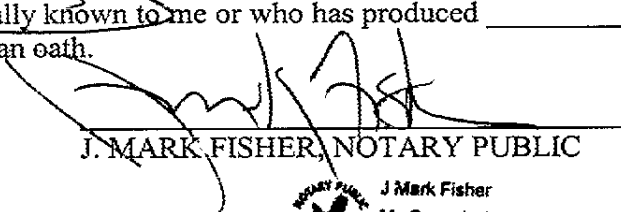
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

BRIAN S. LAMMER

Typed or printed name of signer

**STATE OF FLORIDA
COUNTY OF ESCAMBA**

The foregoing instrument was acknowledged before me this OCT 22 2003 by BRIAN S. LAMMER who is personally known to me or who has produced _____ as identification and who did not take an oath.


J. MARK FISHER, NOTARY PUBLIC

Notary seal and commission
Expiration stamp:



J Mark Fisher
My Commission DD158600
Expires November 20, 2008

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)

FILED
03 OCT 27 PM 12:46
CLERK OF COUNTY OF FLORIDA
TALLAHASSEE, FLORIDA