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. (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:				





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FALLAHASSEE, FLORIDA

EFFECTIVE DATE

TRANSMITTAL LETTER

TO:

Registration Section

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

(Name of Person)

STREET ADDRESS:

Registration Section
Division of Corporations

409 E. Gaines Street

Tallahassee, Florida 32399

Division of Corporations

Please return all cor	respondence concerning this matter	to the following:		
Steven	(Name of Person)		•	
Steven	LAZZELL LL (Firm/Company)	<u>c.</u>		
PO. Bo	(Address)			
CRAWfor	duille, FC · 3: (City/State and Zip Code)	2326		
	ion concerning this matter, please o			
Cl-uc.	2 / A=> C//	Q<>2	519-04100	

EFFECTIVE DATE

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

03 DEC 29 AM 10: 10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Steven LAZZELL	<u>L.L.C</u>				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:				
PO. BOX 1611 CRAWFORDUILLE, EC. 32326	SAME				
ARTICLE III - Registered Agent, Registered Offi	ice, & Registered Agent's Signature:				

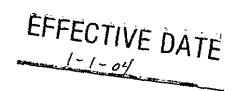
The name and the Florida street address of the registered agent are:

CRAWFORGUILLE 32326
City, State, and Zip

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..

(CONTINUED)

Page 1 of 2



ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) 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.) 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)

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