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LLC LD4-43701 W89-39865 your FILE.

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LAWRENCE ADLER, LLC	<u> </u>	
(Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) ar		
Please return all correspondence concerning this matter to the following:		
LAWRENCE ADLER		
(Name of Person)		
LAWRENCE ADLER, LLC		
(Firm/Company)		
6495 FAIRLAWN ST.		
_	(Address)	
SPRING HILL, FL 34606		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
RAYMOND A. WING	at (352) 688-0491	
(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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 31, 2003

LAWRENCE ADLER LAWRENCE ADLER LLC 6495 FAIRLAWN STREET SPRING HILL, FL 34606

SUBJECT: LAWRENCE ADLER, LLC

Ref. Number: W03000039865

We have received your document for LAWRENCE ADLER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Letter Number: 103A00069425

Nanette Causseaux Document Specialist Supervisor

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
LAWRENCE ADLER, 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:		
6495 FAIRLAWN STREET	SAME		
SPRING HILL, FL 34606			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:			
RAYMOND A. WING			
Name			
9470 MIRACLE DRIVE Florida street address (P.O. Box NOT acceptable)			
SPRING HILL F City, State, and Zip	LORIDA 34608		

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, Florida Statutes..

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

03 Decasion 8: 51

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ARTICLE IV- Manager(s) or Managing Member(s): • The name and address of each Manager or Managing Member is as follows:

MGRM - 45%

LAWRENCE C. ADLER 6495 F AIRLA WN STREE

SPRING HILL, FL 34606

MGRM - 45%

PATRICIA I. ADLER

SPRING HILL, FL 34606

MGRM - 10%

JOSE L. CANTU

6495 FAIRLAWN STREET SPRING HILL, FL 34606

ARTICLE V - Effective date:

Effective date of January 1, 2004 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 perj ury that the facts stated herein are true.)

LAWRENCE C. ADLER
Typed or printed name of signee

Filinf! 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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DIVISION OF CASPORATIONS

OF DECEMBER 18: 51