L04000009567

(Re	equestor's Name)	
(Ad	idress)	
·	•	
70.3		
(AO	dress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
Pu	siness Entity Nar	
ud)	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
, <u>–</u>	-	
Special Instructions to	Filing Officer:	
		l
	····	

Office Use Only



400027608054

01/27/04--01053--003 **155.00

FILED
2004 JAN 27 PM 3: 03
2004 JAN 27 PM 3: 03
5 PAIT ANASSEE, FLORIDA

TRANSMITTAL LETTER

	stration Section sion of Corporations
SUBJECT: _	LM Enterprises LLC (Name of Limited Liability Company)
The enclosed	Articles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following: Lloyd Richman (Name of Person) LM Enterprises LLC (Firm/Company)
	Lloyd Richman
	(Name of Person)
	35.65 g
	LM Enterprises LLC
_	(Firm/Company)
	4643 Cheerio Way
	(Address)
	Stuart FL 34997
	(City/State and Zip Code)
For further info	formation concerning this matter, please call:
Lloyd Richn	nan at (772) 221-2444
	(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

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

	CALA	The state of	18 CON COM	A COLACO	のくく、これが、	. 60 200

A	R'	TI	C	I E	I	_	N	am	e:
			•				1 T	44.11.1	•

LM Enterprises LLC	<u> </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:
LM Enterprises LLC	LM Enterprises LLC
SE 4643 Cheerio Way	4643 Cheerio Way
Stuart FL 34997	Stuart FL 34997

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

	Lloyd Richma	n	
	Name		
	SĘ		
	4643 Cheerio W	/ay	
Florida st	reet address (P.O.	Box NOT accept	otable)
	Stuart	FLORIDA	34997
	City, State, an		

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:	May A
"MGRM" = Managing Member		Maria Sec. Proposition
MGRM	Lloyd Richman	75.65 3x
	4643 Cheerio Way	
	Stuart FL 34997	707,00
		Alono
		· · ·
(Use attachment if necessary)	, M.	
,		
Nome to the second		
NOTE: An additional article must	be added if an effective date is request	ed.
REQUIRED SIGNATURE:		
	0 _	
Signature of a member or a	n authorized representative of a member.	
(In accordance with section of this document constitutes a that the facts stated herein are	508.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury e true.)	
_Lloyd Richman		
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)