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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAURA L. HAROLD LLC
(Name of Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

LAURA L. HAROLD
(Name of Person)

LAURA L. HAROLD LLC
(Firm/Company)

913 VISTABULLA STREET
(Address)

LAKELAND, FL 33801
(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA L. HAROLD at (863) 688-1934
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAURA L. HAROLD LLC

ARTICLE II - Address:

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

Principal Office Address:

913 VISTABULA STREET
LAKE LAND, FL 33801

Mailing Address:

913 VISTABULA STREET
LAKE LAND, FL 33801

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

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

LAURA L. HAROLD
Name
913 VISTABULA STREET
Florida street address (P.O. Box NOT acceptable)
LAKE LAND FLORIDA 33801
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, Florida Statutes..

Lamar L. Harold
Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name and Address:

MGR

LAURA L. HAROLD
913 YISTABULA STREET
LAKELAND, FL 33801

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Laura L. Harold
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.)

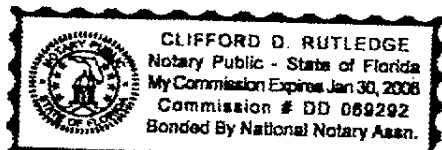
LAURA L. HAROLD
Typed or printed name of signee

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)

STATE OF FLORIDA
COUNTY OF POLK

THE FOREGOING INSTRUMENT WAS
ACKNOWLEDGED BEFORE ME THIS
30TH DAY OF JANUARY, 2004 BY
LAURA L. HAROLD. SHE PRODUCED
FLORIDA DRIVER LICENSE H643-532-56 713
AS IDENTIFICATION.



Clifford D. Rutledge