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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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11/1/06

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Larry Lambert UC (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:	
Larry Lambert Sr. (Name of Person)	-
Larry Lambert LLC (Firm/Company)	
4208 N. Branch Avenue (Address)	
Tampa, FL 331003 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Larry Lambert Sr at (813) 234-9756 (Name of Person) (Area Code & Daytime Telephone Number)	
	2 ₽

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

	Larry L	ombert UC
ARTICLE II - Ac The mailing addre		orincipal office of the Limited Liability Company
Principal Office	Address:	Mailing Address:
4208 N. Bra	anch Avenue	4208 N. Branch Avenue
Tampa, FL	331003	Tampa, FL 33603
	larry Land	registered agent are:
	Larry 1 am	pert Sr.
	Larry Lamb	oert Sr. e 'N Avenue O. Box NOT acceptable) PR
	Larry Lami Name 4208 N. Brance Florida street address (P	oert. Sr. e O. Box NOT acceptable) FLORIDA 33(c03) and Zip PROPRIEM 15
to act in this capacity	Larry 1 am) Name 4208 N. Brance Florida street address (P Tampa City, States istered agent and to accept see gnated in this certificate, I here I further agree to comply we	FLORIDA 33(cC3), and Zip ervice of process for the above stated limited liability accept the appointment as registered agent and ith the provisions of all statutes relating to the prop
oany at the place desig to act in this capacity complete performance	Larry 1 amin Name 4208 N. Brance Florida street address (P Tampa City, State istered agent and to accept see gnated in this certificate, I here is the formula of the second of the se	oert. Sr. e O. Box NOT acceptable) FLORIDA 33(c03) and Zip PROFITCH SP.

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:

		<i>3 3</i>	- •
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member		Name and Address:	
MGR		Larry Lambert St. 4208 N. Branch Avenue Tampa, FL 33603	
			- ,
			,
(Use attachment if necessary)			_ ,
,	wat h	and ded if an affective date is magneted	
REQUIRED SIGNATURE:	iust De	e added if an effective date is requested.	

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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