

**W04000031100**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000085338 3)))

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727) 442-1200  
Fax Number : (727) 443-5829

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

04 APR 22 AM 9:45

FILED

RECEIVED

04 APR 22 AM 7:58

DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**LPT, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

W04-31100

Electronic Filing Menu

Corporate Filing

Public Access Help

EXC

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is: LPT, L.L.C.

**ARTICLE II - Address:**

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

P.O. Box 6200, Ocala, FL 34478-6200  
1818 S.W. 15<sup>th</sup> Ave., Ocala, FL 34474

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

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

Alan S. Gassman  
Name

1245 Court Street, Suite 102  
Florida street address (P.O. Box NOT acceptable)  
Clearwater, FL 33756  
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.*

  
\_\_\_\_\_  
Registered Agent's Signature

(An additional article must be 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.)

  
\_\_\_\_\_  
ALAN S. GASSMAN