

L04000041463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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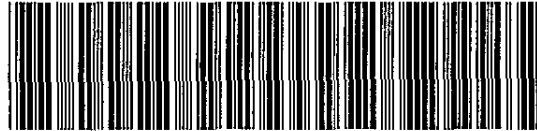
(Business Entity Name)

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CAPITAL CONNECTION, INC.

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Lido Consultants, LLC

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___ Fictitious Name File _____
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___ Courier _____

Signature _____

Requested by: SS

Name

Date

Time

Walk-In _____

Will Pick Up _____

ARTICLES OF ORGANIZATION FOR LIDO CONSULTANTS, L.L.C.

The undersigned, desiring to form a Limited Liability Company for the purposes hereinafter stated under and pursuant to the laws of the State of Florida, does hereby declare as follows:

ARTICLE I.

NAME

The name of the Limited Liability Company is LIDO CONSULTANTS, L.L.C.

ARTICLE II.

ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 828 Squire Drive, Wellington, Florida 33414.

ARTICLE III.

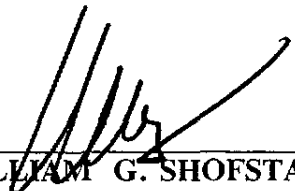
REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

William G. Shofstall
828 Squire Drive
West Palm Beach, Florida 33414

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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.


_____(SEAL)
WILLIAM G. SHOFSTALL
Registered Agent

ARTICLE IV.
MANAGEMENT

The Limited Liability Company is to be managed by a member and is, therefore, a member-managed company.


_____(SEAL)
ROBERT A. YOUNG
Managing Member

In accordance with Section §608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.


_____(SEAL)
ROBERT A. YOUNG
Managing Member