

L 040000 52059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

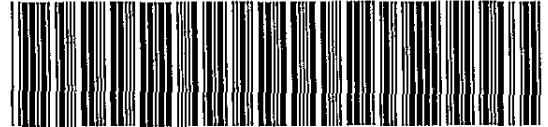
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800039106608

07/14/04--01018--015 \*\*155.00

*[Handwritten signature]*

RECEIVED  
04 JUL 14 AM 10:53  
DIVISION OF CORPORATION  
FILED  
04 JUL 14 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATE  
ACCESS,  
INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP

7/14 [Signature]

FILED  
04 JUL 14 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CERTIFIED COPY

CUS

PHOTO COPY

FILING LLC

1.) Lofgren LLC  
(CORPORATE NAME & DOCUMENT #)

2.)  
(CORPORATE NAME & DOCUMENT #)

3.)  
(CORPORATE NAME & DOCUMENT #)

4.)  
(CORPORATE NAME & DOCUMENT #)

5.)  
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

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

**FILED**  
04 JUL 14 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LOFGREN LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

3428 SAHARA SPRINGS BOULEVARD

3428 SAHARA SPRINGS BOULEVARD

POMPANO BEACH, FL 33069

POMPANO BEACH, FL 33069

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

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

CHRISTOPHER D. VASALLO, ESQUIRE

Name

2605 PONCE DE LEON BOULEVARD

Florida street address (P.O. Box **NOT** acceptable)

CORAL GABLES FLORIDA 33134

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..*



Registered Agent's Signature

**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

RALPH A. GONZALEZ

3428 SAHARA SPRINGS BOULEVARD

CORAL GABLES, FL 33134

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



**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.)

**RALPH A. GONZALEZ**

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)**