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(R	equestor's Name)	
(Ad	ddress)	
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(CI	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(Di	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

то	TO: Registration Section Division of Corporations				
SU	BJECT: ART LARMORE, LLC				
	(Name of Limited Liability Company)				
The	enclosed Articles of Organization and fec(s) are submitted for filing.				
Plea	ase return all correspondence concerning this matter to the following:				
	ARTHUR LARMORE				
	(Name of Person)				
Α	RT LARMORE, LLC				
	(Firm/Company)				
	144 LANTANA AVENUE				
	(Address)				
	FLAGLER BEACH, FL 32136				
	(City/State and Zip Code)				
For	further information concerning this matter, please call:				
A D	TUUD ! ADMODE 200 420 4026				
AR	THUR LARMORE at (386) 439-4036 (Area Code & Daytime Telephone Number)				
Enc	closed is a check for the following amount:				
Ø \$	125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & \$\Bigcup \$155.00 Filing Fee & \$\Bigcup \$160.00 F				

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

ARTICLE I - Name: The name of the Limited Liability Company is:				
	,,			
ART LARMORE, 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:			
144 LANTANA AVENUE	144 LANTANA AVENUE			
FLAGLER BEACH, FL 32136	FLAGLER BEACH, FL 32136			
ARTICLE III - Registered Agent, Regis The name and the Florida street address of	tered Office, & Registered Agent's Signature:			
ARTHUR LARMORE				
1	Name			
144 LANTANA AVENUE				
Florida stre	eet address (P.O. Box NOT acceptable)			
FLAGLER BEACH 32136	6 <u>FL</u>			
City, S	State, and Zip			
liability company at the place designate registered agent and agree to act in this can statutes relating to the proper and comple accept the obligations of my position as	and to accept service of process for the above stated limited and in this certificate, I hereby accept the appendine as appacity. I further agree to comply with the second of all the performance of my duties, and I am familiar with and a registered agent as provided for in Chapter 308, F.S			

(CONTINUED)

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:
MGMR	ARTHUR LARMORE 144 LANTANA AVENUE
	FLAGLER BEACH, FL 32136
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Athna 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.)

ARTHUR LARMORE

Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
ART LARMORE, LLC				
ARTICLE II - A	ddress:			
The mailing addre	ess and street address of the p	principal office of the Lin	nited Liability Company is:	
Principal Office	Address:	Mailing Address:	→ (
144 LANTANA AVE	ENUE	144 LANTANA AVENUE	<u>:</u>	
FLAGLER BEACH,	, -	FLAGLER BEACH, FL 3		
The name and the	Florida street address of the ARTHUR LARMORE Nam		- 125	
	Ivaçıı	C		
	144 LANTANA AVENUE		. v =	
	Florida street a	ddress (P.O. Box <u>NOT</u> accepta	able)	
	FLAGLER BEACH 32136	<u>FL</u>	-	
	City, State	, and Zip		
liability compo registered agent o statutes relating	ned as registered agent and to any at the place designated in and agree to act in this capac to the proper and complete p ligations of my position as reg	this certificate, I hereby a ity. I further agree to comp performance of my duties, a	ccept the appointment as ply with the productions of all and I am familiar with and	

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGMR	ARTHUR LARMORE
to territoria.	144 LANTANA AVENUE
	FLAGLER BEACH, FL 32136
_	·
(Use attachment if necessary)	be added if an effective date is requested.
REQUIRED SIGNATURE:	be added it air eiteetave aare to requestion
	.2
C1 41	
Signature of a member	r or an authorized representative of a member.
(In accordance with sec of this document consti that the facts stated h	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)
ARTHUR LARMORE	• • •
Туј	ped or printed name of signee
Filing Fees:	en e
\$125.00 Filing Fee for Articles of Organ	nization and Designation
of Registered Agent	
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	
(o p	,