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TRANSMITTAL LETTER

TO:

Registration Section Division of Corporations

SUBJECT: LAGUNA ENTERPRISES, LLC			
(Name of Limited	d Liability Comp	any)	
The enclosed Articles of Organization and fee(s) are su	ubmitted for filing	g.	
Please return all correspondence concerning this matter	r to the following	;:	
Lynette Silon-Laguna			
4)	Name of Person)		
Laguna Enterprises, LLC			
	Firm Company)		
6457 Rubia Circle	(Address)		
	(Address)		
Apollo Beach, FL 33572			
(City)	State and Zip Code	()	
For further information concerning this matter, please of	call:		
Lynette Silon-Laguna	at (727	421-9822	or 813-645-3520
(Name of Person)	at (727) 421-9822 or 813-645-3520 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	☐ \$155.00 F Certified Cop (additional copy	y	S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399		MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection Worporations U

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is·
The name of the Emmed Exacting Company	10.
LAGUNA ENTERPRISES, 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:
6457 Rubia Circle	6457 Rubia Circle
Apollo Beach, FL 33572	Apollo Beach, FL 33572
The name and the Florida street address of th Lynette Silon-Laguna	red Office, & Registered Agent's Signature: e registered agent are:
Nar	ne
6457 Rubia Circle	
Florida street	address (P.O. Box NOT acceptable)
Apollo Beach, FL 33572	FL
City, State	e, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and existered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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		
manging money		
MGRM	Lynette Silon-Laguna	
	6457 Rubia Circle	
	Apollo Beach, FL 33572	
MGRM	Marcos Laguna, Jr.	
	6457 Rubia Circle	
	Apollo Beach, FL 33572	
		
(Use attachment if necessary)		•
NOTE: An additional article m	oust be added if an effective date is	s requested.
REQUIRED SIGNATURE:		<u>1</u>
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with	with Jaguna	<u>- ن</u> بب
Signature of a me	ember or an authorized representative of	a dicember.
of this document of	th section 608.408(3), Florida Statutes, the constitutes an affirmation under the penaltic ted herein are true.)	execution
Lynette Silon-Li	aguna	
	Typed or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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