

L05000003537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Tony Todd **OWNER**
AUTHORIZATION BY PHONE TO

CORRECT Article IV to be managers

DATE 1/12/05 @ 11:47 AM

DOC. FEE 20.00



300044377593

RECEIVED
05 JAN 11 PM 4:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2005 JAN 11 PM 12:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JAN 12 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 137291 7115758

AUTHORIZATION

Patricia Pappas

COST LIMIT : \$ 125.00

ORDER DATE : January 11, 2005

ORDER TIME : 3:12 PM

ORDER NO. : 137291-005

CUSTOMER NO: 7115758

CUSTOMER: Sue Woodin, Legal Asst
Hodes, Ulman, Pessin & Katz,
P.a.
Suite 400
901 Dulaney Valley Road
Towson, MD 21204-2600

FILED
2005 JAN 11 PM 12:12
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: LOBOCO, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

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

FILED
2005 JAN 11 PM 12:12
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOBOCO, LLC

ARTICLE II - Address:

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

Principal Office Address:

2095 Mission Ave.

Naples, FL 34109

Mailing Address:

c/o Merton E. Cohen, CPA

20 S. Charles St., Suite 200

Baltimore, MD 21201

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

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

Robert Crosby

Name

2095 Mission Ave.

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

Naples

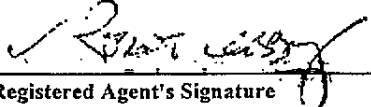
FLORIDA 34109

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
Lowell R. Glazer

7779 New York Lane
Glen Burnie, MD 21061

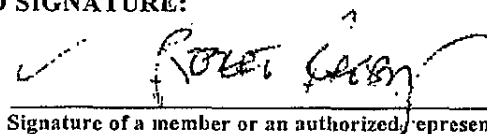
MGR
Robert Crosby

2095 Mission Ave.
Naples, FL 34109

(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.)

By: Robert Crosby

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)

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