## L-05000009722

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	· #)
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SECRETARY OF STATE
JALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: LaF-A-Lot Entertainment LLC			······································
(Name of Limite	d Liability Comp	oany)	
The enclosed Articles of Organization and fee(s) are s	ubmitted for filir	ıg.	
Please return all correspondence concerning this matte	er to the followin	g:	
·		~	
Audrey LaFollette			
	Name of Person)	· · · · · · · · · · · · · · · · · · ·	
LaF-A-Lot Entertainment LLC	Firm/Company)		
	rim/Company)		
6130 Lauderdale St.			
	(Address)		•
Jupiter, FL. 33458			
	/State and Zip Cod	le)	·
		,	
For further information concerning this matter, please	call·		
To take morning concerning and maker, preude	our.		
Audrey LaFollette	at (_561	× 856-4555	
(Name of Person)			lephone Number)
Enclosed is a check for the following amount:			
<b>☑</b> \$125.00 Filing Fee <b>☐</b> \$130.00 Filing Fee &	☐ \$155.00 B	Filing Fee &	☐ \$160.00 Filing Fcc,
Certificate of Status	Certified Cop	•	Certificate of Status &
	(additional copy	is enclosed)	Certified Copy (additional copy is enclosed)
STREET ADDRESS:		MAILING A	
Registration Section	.,	Registration Se	
Division of Corporations 409 E. Gaines Street	*	Division of Co P.O. Box 6327	
Tallahassee, Florida 32399	· .	Tallahassee, F.	

Commercial grade of the contraction.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LaF-A-Lot Entertain			<u> </u>	<u>.</u>	, <del>*</del> ;.
ARTICLE II - Ac The mailing addre		the principal office of the Limited	Liabilit	v Con	noanv is:
-			-	-	
Principal Office	Address:	Mailing Address:			
6130 Lauderdale St. 6130 Lauderdale St.		6130 Lauderdale St.	197		-
Jupiter, FL. 33458		Jupiter, FL. 33458	Jupiter, FL. 33458		
<u> </u>	<del>,</del>				
				,	
ARTICLE III - N	tegistered Agent, Regi	istered Office, & Registered Ager	PANG.	iature S	
The name and the	Florida street address of	of the registered agent are:	CRET	S JAN	
	Audrey LaFollette		SS	2	
		Name	EE.	-577	
	6130 Lauderdale St.		FST	ë G	O
	Florida si	treet address (P.O. Box NOT acceptable)	콢	cn	
	Jupiter, FL. 33458	FL.	<b>&gt;</b>	2	
خدد عدفعج بر را	City	State, and Zip			
liability compo registered agent o statutes relating	my at the place designal and agree to act in this cont to the proper and compigations of my position of the following the state of the proper and compigations of the properties of the state of the properties of the state of th	and to accept service of process for to ted in this certificate, I hereby accept apacity. I further agree to comply wo lete performance of my duties, and it as registered agent as provided for it as Agent's Signature	t the app with the p of am fam	pointm provisi piliar w	ent as ions of all vith and

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	••
"MGR" = Manager "MGRM" = Managing Mcmber		
MGR	Audrey LaFoilette	
	6130 Lauderdale St.	-
with the contract of the second	Jupiter, FL. 33458	- -
		•
		- -
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	G. D	<u>.</u> **
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	SE N	
(Use attachment if necessary)	m <sub>©</sub>	m
NOTE: An additional article must be	added if an effective date is reguested?	
	52 E	
REQUIRED SIGNATURE:		
(In accordance with section	an authorized representative of a member.  n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)	

Filing Fees:

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

Audrey LaFollette

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

Typed or printed name of signee