

L0500001/9 19

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

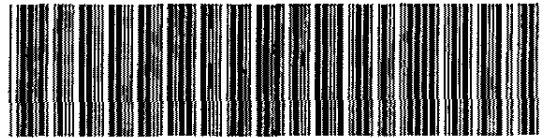
(Document Number)

Certified Copies 1 Certificates of Status

Special Instructions to Filing Officer:

[Handwritten Signature]

Office Use Only



800045708028

02/07/05--01001--021 \$61.00

FILED

RECEIVED

05 FEB -4 PM 4:46

05 FEB -4 PM 38

SECRETARY U.S. DISTRICT COURT
TALLAHASSEE, FLORIDA
DIVISION OF CLERK OF COURTS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Land Lots and Homes LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Joseph Weltman
(Name of Person)

(Firm/Company)

1616-D Crawfordville Hwy.
(Address)

Crawfordville FL 32327
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael J. Weltman at 850, 556-6694
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ ~~\$130.00~~ Filing Fee & Certificate of Status ☐ ~~\$155.00~~ Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
05 FEB - 4 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Land Lots and Homes.com 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:

1616-D Crawfordville Hwy
Crawfordville, FL 32327

40 Panther
Crawfordville, FL 32327

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

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

Michael Joseph Weltman
Name

1616-D Crawfordville Hwy
Florida street address (P.O. Box NOT acceptable)

Crawfordville FL 32327
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, F.S.

Michael Joseph Weltman
Registered Agent's Signature

(CONTINUED)

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 FEB -4 PM 4:47

FILED

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 Member

MGRM

Michael T. Weltman
1616-D Crawfordville Hwy
Crawfordville FL 32327

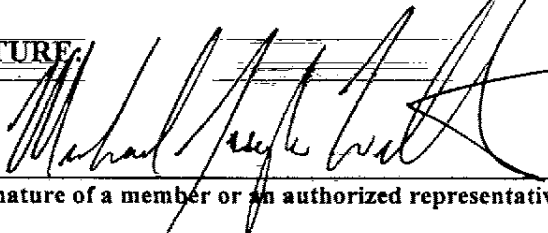
MGRM

David B. Bailey
40 Panther
Crawfordville FL 32327

(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.)

Michael T. Weltman

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)