## 60500030697

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEF FIORIDA

CA 03/29/05

## TRANSMITTAL LETTER

TO: Registration Section Division of Corpora					
SUBJECT: Lay It On Me	Enterprises, LLC				
	(Name of Limited	d Liability Comp	oany)		<del></del>
The enclosed Articles of Org	anization and fee(s) are su	ubmitted for filin	ıg.	•	
Please return all corresponde	nce concerning this matte	r to the followin	g:		
John G. Bask	xerville				
	(1)	Name of Person)			
Lay It On Me Enterprises					15E 8
	I)	Firm/Company)	y	į	題養型
937 Woodsong \	Way				FILED 1: 24 WAR 28 PM 1: 24 PRETARSEE FLORIDA
		(Address)			FLO
Clermont,	FL 34714				RIDA RIDA
•	(City/	State and Zip Cod	e)	<del></del>	
For further information conce	erning this matter, please o	call:			
John G. Baskerville		at ( 321	) 206-1114		
(Name of Pe	rson)	(Area Co	de & Daytime Te	lephone Number)	<del></del>
Enclosed is a check for the	following amount:				
	\$130.00 Filing Fee & rtificate of Status	☐ \$155.00 F Certified Cop (additional copy	ру	□ \$160.00 F     Certificate of     Certified Copy     (additional copy)	Status &
Registration	Corporations		MAILING AI Registration Se Division of Co P.O. Box 6327	ection rporations	

Tallahassee, Florida 32399

Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

La	y <i>I</i> +	On	Me	Ente	rpris	e1 ,	<u> </u>	
ARTICLE II - The mailing ad		treet addre	ss of the	principal of	ffice of the	Limited I	Liability C	ompany is:

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Principal Office Address:		Mailing Address:	7 S
Lay It On Me Enterprises, LLC	<b>3</b>	Lay It On Me Enterprises, LLC	温素型
937 Woodsong Way		937 Woodsong Way	超るて
Clermont, FL 34714		Clermont, FL 34714	<u> </u>
The name and the Florida s	d Agent, Register treet address of th Baskerville	red Office, & Registered Agent'ne registered agent are:	s Signature 1: 24
	Na	me	
937 Woo	odsong Way		
	Florida street	address (P.O. Box NOT acceptable)	
Clermon	t, FL 34714	FL	
	City, Sta	te, 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..

Registered Agent's Signature

(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:	
MGR	John G. Baskerville	
	937 Woodsong Way	
	Clermont, FL 34714	
		-
		>
		n
		盖田
(Use attachment if necessary)	AT .	2 F
NOTE: An additional article must be a	added if an effective date is requested.	8 四日
REQUIRED SIGNATURE:	LORIDA	1: 24
Signature of a member or	an authorized representative of a member.	
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury a are true.)	
John G. Baskerville		
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)