

L050000031005

(Domestic Name)

From: Origin ID: (305)664-4675

Jane Dever

VERNIS & BOWLING OF FL KEYS

81990 OVERSEAS HIGHWAY, 3RD FLOOR

ISLAMORADA PROFESSIONAL CENTER

ISLAMORADA, FL 33036

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

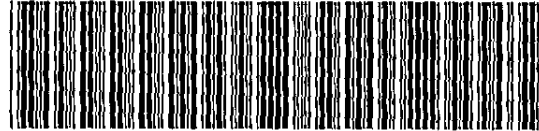
(Business Entity Name)

(Document Number)

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T. Brumbley MAR 31 2005

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

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

**La La Marie, LLC**

**ARTICLE II - ADDRESS:**

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

**Principal Office Address:**

**82205 Overseas Highway**  
**Islamorada, FL 33036**

**Mailing Address:**

**82205 Overseas Highway**  
**Islamorada, FL 33036**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, AND REGISTERED  
AGENT'S SIGNATURE:**

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

**Jean Marie Warren**

Name

**163 Tampa Drive, Tavernier, FL**  
Florida Street Address (PO Box NOT acceptable)

**Tavernier, FL 33070**

City, State, and Zip

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05/13/09 11:59 AM  
33070

*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

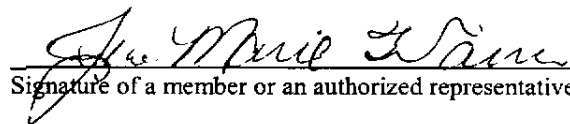
Jean Marie Warren  
P.O. Box 1393  
Tavernier, FL 33070

MGRM

Lorene A. Adams  
P.O. Box 1393  
Tavernier, FL 33070

**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)

Jean Marie Warren  
Typed or printed name of signee

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05 JUN 30 11:12:16  
TALLAHASSEE, FLORIDA