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SECKETARY CONTRACTOR

## TRANSMITTAL LETTER

TO: Registration Division of	n Section Corporations					
SUBJECT:		a Lund L Liability Company)	LC			
The enclosed Article	es of Organization and fee(s) are su	abmitted for filing.				
Please return all corr	respondence concerning this matter	r to the following:				
	Christ	ina Marie Lu Jame of Person)	nd			
	Down	ing - Fryc R	ealty. The.			
· ————————————————————————————————————	3411 Tamie	ami Trail N	J	-		
Naples Florida 34103 (City/State and Zip Code)						
For further informat	ion concerning this matter, please o	call:				
Christi	na M. Lund ame of Person)	at (239) 269 (Area Code & Daytime Te	. 9656 lephone Number)			
Enclosed is a chec	k for the following amount:					
□ \$125.00 Filing F	ee \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Re Di 40	FREET ADDRESS: egistration Section vision of Corporations 9 E. Gaines Street dlahassee, Florida 32399	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	rection SZ =			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  34   Tamiani Trail N.  Puples, Ft 34 03  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:  Christma Marie Lund  Name  34   Tamiani Trail N.  Florida street address (P.O. Box NOT acceptable)  Daples, Ft 34 03  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.  Registered Agent's Signature	ARTICLE I - Name: The name of the Limited Liability Company is:				
Principal Office Address:  Mailing Addresser	Christina Lund LLC				
34   Tamiani Trail N.    Waples, FL 34 03     ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:   Christma Marie Lund Name     34   Tamiani Trail N.   Florida street address of the registered agent are:   Christma Marie Lund Name     34   Tamiani Trail N.   Florida street address (P.O. Box NOT acceptable)     Daples FL 34 03     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.   Augustiva M. Augustiva M. Registered Agent's Signature					
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:  Christina Marie Lund  Name  3+11 Tamani Tail N.  Florida street address (P.O. Box NOT acceptable)  Daples FL 3+103  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  Registered Agent's Signature	Principal Office Address: Mailing Address:				
The name and the Florida street address of the registered agent are:  Christina Marie Lund  Name  3HI Tanuami Tail N.  Florida street address (P.O. Box NOT acceptable)  Daples FL 3H103  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  Registered Agent's Signature	3411 Tamiani Trail N. 3411 Tamiani Trail N. Naples, Fr 34103				
Christina Marie Lund  Name  3H I Tamuami Tail N.  Florida street address (P.O. Box NOT acceptable)  Daples, fl. 3H103  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  Registered Agent's Signature	ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
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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	The state of the
"MGRM" = Managing Member	
MOR	Christina Lund 3411 Tamiami Trail N. Naples, Florida 34103
MERM	Christma Lund 3411 Tamiani Tail N. Naples. Fl 34103
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(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	•
Signature of a member of	r an authorized representative of a member.
of this document constitute that the facts stated here	· · · · · · · · · · · · · · · · · · ·
<u>Chri</u>	Stina Lund Tor printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Organize of Registered Agent	ation and Designation
\$ 30.00 Certified Copy (Optional)	<del>-</del>
\$ 5.00 Certificate of Status (Optional)	