

LOS000043403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

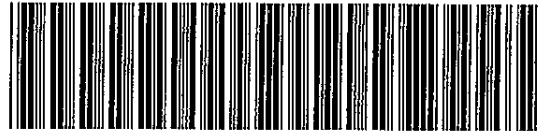
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
JULIA A. SHELTON

LOS-43403  
OK

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANDY LANG ENTERPRISES 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:

ANDY LANG  
(Name of Person)

ANDY LANG ENTERPRISES LLC  
(Name of Firm)

2615 ABBEY GROVE DR.  
(Address)

VALRICO, FL 33594  
(City, State and Zip Code)

For further information concerning this matter, please call:

ANDY LANG  
(Name of Person)

at (863) 362-1356  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee  
& Certificate 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

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2008 APR 23 PM 1:01  
STATE OF FLORIDA  
TALLAHASSEE

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

ANDY LANG ENTERPRISES LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

2615 ABBEY GROVE DR.

VALRICO, FL 33594

**Mailing Address:**

2615 ABBEY GROVE DR.

VALRICO, FL 33594

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

ANDY LANG

Name

2615 ABBEY GROVE DR.

VALRICO, FL 33594

*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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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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:**

“MGR” = Manager

“MGRM” = Managing Member

**Name and Address:**

MGRM

ANDY LANG

2615 ABBEY GROVE DR.

VALRICO, FL 33594

(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.)

ANDY LANG

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)

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2005 APR 28 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA