

Florida Department of State
Division of Corporations
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M. HODGES

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : GREENE, DONNELLY & SCHERMER

Account Number : 104075002246

Phone : (941) 747-3025

Fax Number : (941) 747-6937

LIMITED LIABILITY COMPANY

LacSmith Associates, LLC

Certificate of Status	1
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Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LacSmith Associates, LLC

ARTICLE II - Address:

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

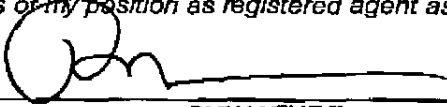
2203 Flag Marsh Road
Mount Airy, MD 21771

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

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

Robert F. Greene, Esq.
1301 Sixth Avenue W, Suite 400
Bradenton, Florida 34205

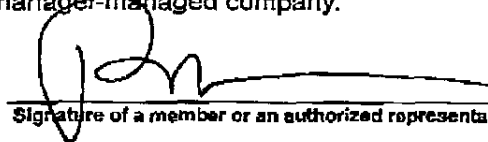
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the property 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.



SIGNATURE

**ARTICLE IV - Management:
(Check box if applicable)**

- ☐ The Limited Liability company is to be managed by one manager or more managers and is, therefore, a manager-managed company.



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert F. Greene

Typed or printed name of signee