

L05000078559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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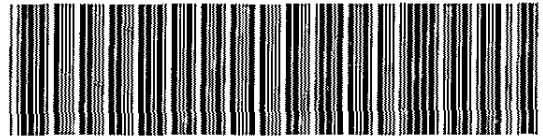
(Business Entity Name)

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FDY.  
Masch & Company  
Requestor's Name  
5669 S. University Dr  
Address  
Davie, FL 33328  
State ZIP Phone  
954-680-2311

CORPORATION(S) NAME

LOTS MORE, LLC

- ☐ Profit ☐ NonProfit ☐ Amendment ☐ Merger  
☐ Foreign ☐ Dissolution ☐ Mark  
☐ Limited Partnership ☐ Annual Report ☒ Other LLC  
☐ Reinstatement ☐ Reservation ☐ Change of Registered Agent  
☒ Certified Copy ☐ Photo Copies ☐ Certificate Under Seal  
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

LOTS MORE, LLC

**ARTICLE II – Address:**

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

14701 MARVIN LANE  
SOUTHWEST RANCHES, FL 33330

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

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

JASON LYONS  
14701 MARVIN LANE  
SOUTHWEST RANCHES, FL 33330

*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 IV – Management (Indicate if applicable.)**

\_\_\_\_\_. If checked, the Limited Liability Company is to be managed by one manager or more managers and 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 document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
JASON LYONS  
Typed or printed name of signee

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