L050000 85291

	questor's Name)	
(Re	questors name)	
(Ad	dress)	
•	,	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	<u>. </u>	
(Bu	siness Entity Nar	ne)
•	·	•
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	\wedge)
		<i>[</i>
		$X \setminus X$
	\mathcal{A}	$\setminus \setminus \setminus \setminus$

	Office Use On	ly
	V	



800058842288

08/29/05--01002--024 **125.00

05 AUG 29 PM 1:27
SLCAL GAN UF STATE

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

174 Ponder's Printing - Thomasville, GA 8/00

	g A
Lyons Development, LCC	ASSOCIATION OF THE PARTY OF THE
	(C)
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Cinnotrus	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
W 1/29 /1:00	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CÚMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Lyons Development, L.L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 1250 Washington St., Hollywood, FL 33019
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The frame and the Florida street address of the registered agent are:
Thomas F. Lyons
Florida street address (P.O. Box NOT acceptable)
14011 ywood FL 33019 City, State, and Zip
Having been named as registered ugent 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 (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.
(An additional article must be added if an effective date is requested)
Moreganon
Signature of a member or an authorized representative of a member.
(n 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.)
Thomas F. Lyons Typed or printed name of signce
Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)