

LU 600000 5855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

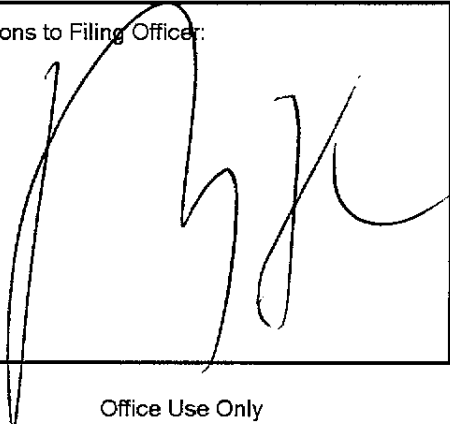
PICK-UP WAIT MAIL

(Business Entity Name)

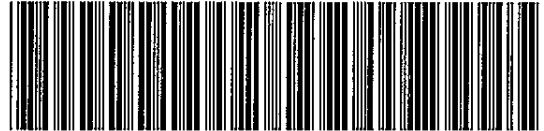
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1106-1490
JAN 12 2006

CAPITAL CONNECTION, INC.

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

Lawler Family Holdings, LLC

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- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
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- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
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- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
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SP 1/12/06 10:30
Name Date Time

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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January 12, 2006

CAPITAL CONNECTION, INC.

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

2006 JAN 12 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

SUBJECT: LAWLER FAMILY HOLDINGS, LLC
Ref. Number: W06000001499

We have received your document for LAWLER FAMILY HOLDINGS, LLC and your check(s) totaling \$375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 206A00002603

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

ARTICLES OF ORGANIZATION
FOR
LAWLER FAMILY HOLDINGS, LLC
A FLORIDA LIMITED LIABILITY COMPANY

FILED
2006 JAN 12 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the limited liability company is **LAWLER FAMILY HOLDINGS, LLC**

ARTICLE II - Address

The initial mailing address and street address of the principal office of the limited liability company is 9 Pine Street, Windermere, Florida 34786.

ARTICLE III - Duration

The Company shall be dissolved and its affairs wound up in accordance with the Florida Limited Liability Company Act (the "Act") and the Company's Operating Agreement on December 31, 2056 unless the term shall be extended by amendment to the Company's Operating Agreement and this Certificate, or unless the Company shall be sooner dissolved and its affairs wound up in accordance with the Act or the Company's Operating Agreement.

ARTICLE IV - Management

The limited liability company is to be managed by one or more managers, and the name and address of the managers who are to serve as the initial managers of the limited liability company are:

Thomas P Lawler
9 Pine Street
Windermere, FL 34786

Susan M Lawler
9 Pine Street
Windermere, FL 34786


ARTICLE V - Admission of Additional Members

The admission of additional members to the limited liability company shall require the consent and shall be on such terms and conditions as are determined by a vote of not less than one hundred percent (100%) of the Percentage Interests (as defined in the regulations of the Company) of the then existing members of the limited liability company.

ARTICLE VI - Members' Rights to Continue Business

The remaining members of the limited liability company shall have the right to continue the business of the limited liability company on the death, bankruptcy or dissolution of a member or the occurrence of any other event as specified in the regulations of the limited liability company which results in the disassociation of a member from the limited liability company, upon the written consent of not less than fifty one percent (51%) of the Percentage Interests (as defined in the regulations of the Company) of such remaining members to continue the business of the limited liability company.

Executed this 12th day of January, 2006.



WARREN E. WILLIAMS.
Authorized Representative of a Member

This document was prepared by
and should be returned to:

Warren E. Williams, Esquire
312 Wing Lane
Winter Park, Florida 32789

**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE
FOR
LAWLER FAMILY HOLDINGS, LLC
a Florida limited liability company**

Pursuant to the provision of Section 608.415 of the Florida Statutes, the undersigned limited liability company submits the following statement in designating its registered office/registered agent in the State of Florida.

1. The name of the limited liability company is:

LAWLER FAMILY HOLDINGS, LLC

2. The name and address of the registered agent and office is:

Thomas P Lawler
9 Pine Street
Windermere, FL 34786

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.

/s/ 

THOMAS P LAWLER

Date: January 12, 2006