L0600023862

(Requestor's Name)	—			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer	\neg			
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SECRETATE STATE

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COVER LETTER

TO:	Registration Se Division of Co			
SUBJI	ECT:	LOTBUY L	L C d Liability Company)	
		•		
The en	closed Articles o	f Organization and fee(s) are sa	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
	STEP	HEN E. BON	D	
		HEN E. BON	Name of Person)	
		(Firm/Company)	
	810	SNELL ISC	E BL. N.E.	
			(Address)	
	57.	PETERSBU	RG FL. 337	704
		(City)	State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
600	OUCA 6	F. ROUD	. 813 . 299	-7609
<u>., , e, </u>	(Name	of Person)	at (8/3) 299 (Area Code & Daytime Te	elephone Number)
	·			
Enclos	sed is a check fo	or the following amount:		
☐ \$ 125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallaborate FL 32201	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Must end with the words "Limited Liability Company, "Limited Co	ennanu" or their shipevistion "IIC" or "IC"				
ARTICLE II - Address: The mailing address and street address of the principle.					
Principal Office Address:	Sailing Address:				
810 SNELL ISLE BL.N.G.	SAME				
ST. PETERS BURG FLORIDA 33704					
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)					
The name and the Florida street address of the regis	stered agent are:				
STEPHEN E. Name	BOND				
810 SNECL ISC Florida street address	EBL. NE. (P.O. Box NOT acceptable)				
ST. PETERS BURG F City, State, and	33704 Zip				

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..

Teplen E. Bond Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SECRETATION STATE

APPHOVE:

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR_	STEPHEN E. BOND 810 SNELL ISLE BL. N.E. ST. PETERS BURG. FL. 3370
	ate of filing: MARCH 1, 2006. (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Starlow	E. Bond
	or an authorized representative of a member.
(In accordance with section	on 608.408(3), Florida Statutes, the execution
	d or printed name of signee
Туро	d or printed name of signee

Page 2 of 2

× \$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent.

Of Registered Agent.

Office of Status (Optional)

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