L06000031822

(Re	questor's Name)		
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



500068180875

isk as marker with

SLCRETARY OF SIAIL DIVISION OF CORPORATION:



COVER LETTER

TO: Registration Division of C				
SUBJECT: Build	ing Blocks Too, LLC	d Liability Company)		-
	(Name of Little	d Liability Company)		
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.		
Please return all corre	spondence concerning this matte	er to the following:		
Harold L	ampert			
		Name of Person)		
				200
		(Firm/Company)		_ 3
11165.8	th Street East			2 2
11103 0	in Olieet Last	(Address)		<u>~</u>
Trooper	ololond El 2270	ne.		2008 MAR 22 PM 3: 56
reasur	e Island, FL 3370	/State and Zip Code)		7 - 8
	(_,,		0 ,
For further information	n concerning this matter, please	call:		
Harold Lampe	ert	at (727) 455-046	04	
	ne of Person)	(Area Code & Daytime T	elephone Number)	-
Enclosed is a check	for the following amount:			
□ \$125.00 Filing Fe	* \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Building Blocks Too, LLC (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Harold Lampert 5234 Central Ave St. Petersburg, FL 33707	Harold Lampert 11165 8th Street East Treasure Island, FL 33706
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Harold Lampert	
Name	
11165 8th Street East	2006 MAR 22 PH 3: ess (P.O. Box NOT acceptable) FL 33706
Florida street addı	ress (P.O. Box <u>NOT</u> acceptable)
Treasure Island	FL 33706 49 25
City, State, at	FL 33706
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited nis certificate, I hereby accept the appointment as . I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Harold Lampert 11165 8th Street East Treasure Island, FL 33706
MGR	Rose Lampert 11165 8th Street East Treasure Island, FL 33706 TAR
	22 PH 3: 56
•	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	or an authorized representative of a member.
(In accordance with section of this document constituted that the facts stated her	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)
Harold Lampert Type	ed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)