Division of Corporations Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H060001685173)))

Note: DO NOT bit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850) 205-0383

From:

Account Name : HUBCO

Account Number : 104662003400

Phone

(516) 935-3940

Fax Number

(516) 935-3088

FLORIDA/FOREIGN LIMITED LIABILITY

Russell E Lance, L.L.C.

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

06-653

H06000168517

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mailing Address:

220 W. County Line Road

ARTICLE I - Name
The name of the Limited Liability Company is: Russell E Lance, L.L.C.

ARTICLE II - Address
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

220 W. County Line Road

| Lutz, FL 33548 | | Lutz, FL 33548 | | |
|--|----------------------------|--------------------------|----------------------------|-------|
| | | | | |
| | | | | |
| | | | | |
| ARTICLE III - Registered The name and Florida street addr | i Agent, Registered Office | & Registered Agent's Sig | naturo SE | _ |
| The residence of the parent refer | Russell E. Lance | | CRE | 77 |
| | | Name | JUN 28 CRETAR CAHASS | |
| | 220 W. County Li | ne Road | AM II SEE, FLI | |
| | (P.O. Box or Ma | Drop Box NOT Acceptable) | FLOT | أوريب |
| | Lutz, FL 33548 | | 25 RHD/ | |

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.

(City / State / Zip)

Russell F. Lance
Registered Agent's Signature - Russell E. Lance

| , , , , , , , , , , , , , , , , , , , | Manager(s) or Managing Member(s): |
|---|--|
| I ne name and addre | ess of each Manager or Managing Member is as follows: |
| Title: | Name and Address: |
| "MGR" = Manager | |
| "MGRM" = Managi | ng Member |
| MGRM | Russell E. Lance- 220 W. County Line Road. Lutz. FL 33548 |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if n | ecessary) |
| REQUIRED SIGN | NATURE: |
| | Russell F. Lance == == |
| | Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this |
| | (In accordance with section 608.408(3), Florida Statutes, the execution of this |
| | |
| | stated herein are true.) |
| | LORAL 2 |
| | Russell E. Lance |
| | Typed or printed name of signee |