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SECREDARY OF STATE PALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LGT SErvices "LLC",
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
LARRY E Lutiew (Name of Person) LGT Services "LLC" (Firm/Company)
(Name of Person)
LGT Services "LLC"
OKeechobee Pla 34972 (City/State and Zip Code)
(Address)
okeechobee Pla 34972
(City/State and Zip Code)
For further information concerning this matter, please call: LARRY E Lutien at (863) 634-000/ (Name of Person) (Address) (City/State and Zip Code) (Area Code & Daytime Telephone Number)
LARRY E Lutien at (863) 634-000/ (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314 Zefo1 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LGT Services"L	LC",				
(Must end with the words "Limited Liability Company, "Lim	ited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address: The mailing address and street address of the	TICLE II - Address: e mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
155/ NW 102 St OKeechobee Gla 34972 ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: pistered Agent. You must designate an individual or another				
The name and the Florida street address of the LARRY E LU Nam 1551 NW 102 S+	e registered agent are:				
\(\frac{1}{2} \)	ddress (P.O. Box <u>NOT</u> acceptable) FL 34972				

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, and Zip

Registered Agent's Signature REQUIRED

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Larry E Lutjer 1551 NW 1025+ OKeckhober fla 34972
mGRM	Barbra J Lutjew 1551 NW 102 St OKECCHOBER
	the date of filing: $\frac{7/4/2006}{}$. (OPTIONAL) of the specific and cannot be more than five business days prior
(Use attachment if necessary)	the date of filing: $\frac{7/4}{2006}$. (OPTIONAL)

REOUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In 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.)

 $\frac{E}{\text{Typed or printed name of signee}}$

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)