

L06000082697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

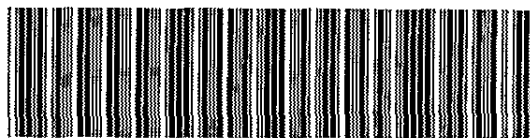
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA



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CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Lama Company, LLC

August 28, 2006
 FILED
 AUG 29 AM 11:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

LAMA COMPANY, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

921 Key Way, Nokomis, FL 34275

Mailing Address:

921 Key Way, Nokomis, FL 34275

921 Key Way, Nokomis, FL 34275

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Mr. Lawrence Lyon
921 Key Way
Nokomis, FL 34275

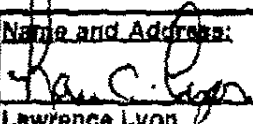
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 606, F.S.


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV §6" Manager(s) or Managing Member (s):

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

Title:	Name and Address:
§6 MGRM = Manager	
§6 MGRMAE = Managing Member	
MGRM	Lawrence Lyon 921 Key Way, Nokomis, FL 34275

REQUIRED SIGNATURE:


Lawrence Lyon, Managing 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.)