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(Req	uestor's Name)		
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PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	ECT: LISA FINCHER, LLC	ed Liability Company)	
The en	closed Articles of Organization and fee(s) are	submitted for filing.	
Please	return all correspondence concerning this mat	ter to the following:	
	ALAN M STEIN	(Name of Person)	
	ALAN M STEIN ACCC	OUNTING & TA	X SERVICE INC.
	3930 STATE ROAD	64 E (Address)	
	BRADENTON FL 34		
For fur	(Ci	ty/State and Zip Code) e call:	
ALA	AN M STEIN	_at (941) 749-	-5364
	(Name of Person)	(Area Code & Daytin	ne Telephone Number)
Enclos	sed is a check for the following amount:		
√ \$125	5.00 Filing Fee \$\bigcup \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee Certified Copy (additional copy is enclosed	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations nter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
LISA FINCHER, LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
503 MANATEE AVE STE E HOLMES BEACH FL 34217	503 MANATEE AVE STE E HOLMES BEACH FL 34217		
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 re	egistered agent are:		
LISA FINCHER Name			
503 MANATEE AVE STE E Florida street address (P.O. Box NOT acceptable)			
HOLMES BEACH City, State, at	_FL_ 34217 nd Zip		
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	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of al rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S		
Registered Agent's Signatu	are (REQUIRED)		

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGMR LISA FINCHER 503 MANATEE AVE STE E **HOLMES BEACH FL 34217** (Use attachment if necessary) _____. (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be 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 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.) LISA FINCHER 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)