L07000002830

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	** .
		K. 34
****	Office Use Or	



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SECHETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Co					
SUBJECT:	Lobox LLC (Name of Limited	l Liability Company)			
The enclosed Articles of	f Organization and fee(s) are su	ubmitted for filing.		•	
Please return all corresp	ondence concerning this matter	r to the following:			
	Nikki Gon	Name of Person)			
	(1	Firm/Company)			
	PO Box 76	(Address)			
	/ > 6 / >	C) 2012	9	ÞΩ	07
	Cana O Cakes (City)	/State and Zip Code)	<u></u>	- <u>FR</u>	JAN
For further information	concerning this matter, please	call:		HARY O	-8 AI
Larry	Rusch	at (813) 991-1 (Area Code & Daytime T	elenhone Number)	FSTATE	-8 AMII: 14
·	·	(. nea coas a sujumo .		44	•
	or the following amount: \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Fili Certificate of St Certified Copy (additional copy is	atus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC" or "L.C.")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3106 Rench. PL. 2ephyrhills XI 33541 ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	
Tack Rei	PAR I
	ess (P.O. Box <u>NOT</u> acceptable)
City, State, ar	FL 33559 nd Zip
Having been named as registered agent and to a	ccept 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
m GRm	Dirt Yard LLC PO BOX 2452 Lutz F) 33548		
		SECRETARY TALLAHASSEE	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the	date of filing: (O	OF STATE PTIONAL)	844
(If an effective date is listed, the date must be to or 90 days after the date of filing.)		ness days pric	r
REQUIRED SIGNATURE:			
Signature of a membe	in genden. er or an authorized representative of a member.		
	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Nikki Gondon
Typed or printed name of signee