

L07000007593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

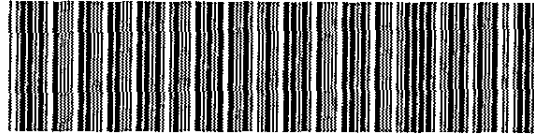
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P. O. BOX 540669
LAKE WORTH, FL 33454
Tel.: (561) 968-3605 • Fax: (561) 958-3601

Department of State
Division of Corporations
Registration Section
2661 Executive Center Circle
Tallahassee, FL 32301

SUBJECT: LOTS OF DREAMS, LLC
(PROPOSED CORPORATE NAME)

Enclosed is an original and one (1) copy of the Articles of Organization and a check for: \$160.00 for Filing Fee for Articles of Organization, Designation of Registered Agent and Certificate of Status.

From: Gary Smigiel MGRM
Name

P. O. Box 540669
Address

Lake Worth, FL 33454
City, State, Zip

(561-968-3605)
Daytime Telephone

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TALLAHASSEE, FLORIDA

Gary Smigiel, Managing Member

**LOTS OF DREAMS, LLC
ARTICLES OF ORGANIZATION**

Pursuant to Chapter 608.407 F.S., the Articles of Organization are set forth as follows:

ARTICLE I - Name: The name of the Limited Liability Company is:
LOTS OF DREAMS, LLC

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

Principal Office Address:
7965 Lantana Road
Lake Worth, FL 33467.

Mailing Address:
P. O. Box 540669
Lake Worth, FL 33454

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:
The name and Florida street address of the registered agent are:

Gary Smigiel, LC
Name

7965 Lantana Road
Address

Lake Worth, FL 33467
City, State & Zip

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TALLAHASSEE, FLORIDA

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..

Gary Smigiel, LC MGRM

By: _____

Gary Smigiel, Managing Member

ARTICLE IV: The name and address of each Manager and Managing Member is:

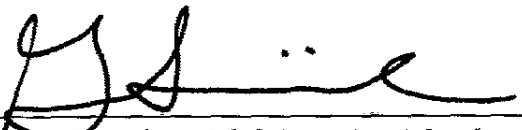
Title: Name and Address
MGRM Gary Smigiel, L. C.
P. O. Box 540669
Lake Worth, FL 33454

MGRM Chris Heine
1172 S. Harbor Drive
Singer Island, FL 33404

MGRM Brad Jones
2001 N. E. Steven Avenue
Jensen Beach, FL 33957

REQUIRED SIGNATURE:

GARY SMIGIEL, LC MGRM

By: 
Gary Smigiel, Managing Member

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TALLAHASSEE, FLORIDA

(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.)

GARY SMIGIEL, LC, MGRM
By: Gary Smigiel, Managing Member