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(Requestor's Name)			
(Address)			
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·	
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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SECRETARY OF STATE
TALLAHASSEE, FI OBJECT





FLORIDA DEPARTMENT OF STATE Division of Corporations

April 9, 2007

BRANDI B. ANDERWS 19202 SUNLAKE BLVD. LUTZ, FL 33558

SUBJECT: THE LP CORP, LLC Ref. Number: W07000017269

We have received your document for THE LP CORP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60-days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 207A00023864

COVER LETTER

TU:	Division of Co							
SUBJE	ECT:	The	<u> </u>	Corp	LL			
		((Name of Limite	d Liability Compan	ıy y			
The en	closed Articles o	f Organization	n and fee(s) are s	ubmitted for filing.				
Please	return all corresp	ondence conc	erning this matt	er to the following:				
	P	کامار	1: B	FINdr.	وسړ			
			•	Name of Person)				
				(P)		TA _S		
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	1100	<u>~ </u>	<u> </u>	(Address)	<u>, d</u>	SSEY	20	-
	1	zfe_	F	7 33	3552	e.FLC	Ū	
			(City	/State and Zip Code)		RIC		
For fur	ther information	concerning th	is matter, please	call:		D	Ţ	
B	rand:	B Ar		at (<u>8/3</u>)	833	4824	<u>, </u>	
	(Name	of Person)	_	(Area Code	& Daytime Tele	ephone Number)		
Enclos	sed is a check fo	or the following	ing amount:					
\$125	5.00 Filing Fee	S130.00 Certificate	0 Filing Fee & of Status	\$155.00 Fili Certified Copy (additional copy is		\$160.00 F Certificate of Certified Co (additional copy	Status &	Ŀ
		P.O. Box 6	n Section f Corporations	Registration Division of Clifton Bu 2661 Exec	f Corporations			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	:		and the
The LP LL	<u>.</u>		
(Must end with the words "Limited Liability Company, "Limit	ed Company" or their	abbreviation "LLC," o	r "L.C.,")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of	f the Limited Liab	oility Company is
Principal Office Address:	Mailing Add	ress:	
19202 Sunlak Blud	19202	Sunlake	Blud
tutz FL 33558	Lutz	FL 33	<u>558</u>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)			
The name and the Florida street address of the	registered agent	are:	200;
Brand: B A.	ndrews	AHASS	2001 APR
19202 Sunla	ake Bluc	TE, FI	20 D
Florida street ad	dress (P.O. Box NO	T acceptable	يب آ
Lutz	_{FL} 335	58 京市	14
City, State,	and Zip		-

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..

Registered Agent's Signature (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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Brand: B Andrews 19202 Sunlake Blod Lotz FL 33338
MGR	Barry & Andrews 19202 Sunlake Blud Lulz FL 33558
	APR 20
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spe to or 90 days after the date of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior

REQUIRED SIGNATURE:

Signature of a member of 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.)

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)