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SECRETARY OF STATE ALLAHASSEE, FLORIDA

4/

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT:	Lake of Col	or LLC d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Wayne	Name of Person)	
•	Lake of Co	lor LLC	
	(Firm/Company)	
4	4051 F/	epidatowi (Address)	7001 SECI
		(Address)	
	Pace	Florida	32577
-	(City)	/State and Zip Code)	
For further information	concerning this matter, please	call:	2: 5: ORID
. 1	, /	_	∌ ''
Wayne	Lake	at <u>850</u>) <u>529</u>	- 6255
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio 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:

LAKE OF COLOR LC	_		
(Must end with the words "Limited Liability Company, "Limited	l Company" or their abbrevia	ion "LLC," or "L.C.,	;")
ARTICLE II - Address: The mailing address and street address of the printing address and street address and stre	ncipal office of the Lir	nited Liability C	Company is:
Principal Office Address:	Mailing Address:		
		<u> </u>	
Pace F/ 3257/	Dace	Florida Fl 32	town
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered ared Agent. You must designate	Agent's Signat te an individual or and	ure:
The name and the Florida street address of the re	gistered agent are:	2: 55 BATE ORIDA	
Name HOS/ Florida street addr	ess (P.O. Box NOT accept	$\frac{1}{2}$ \mathcal{R}_{J} .	
City, State, an	FL 3257 nd 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:

Title: "MGR" = Manager "MGRM" = Managing Member Manager Manager	Name and Address: Wayne Lake 4051 Florida town Pace Fl. 3257	
	ZCOT IA	lices.
(Use attachment if necessary)	TAR (OF STA ASSEE, FLOR	
ICLE V: Effective date, if other than the effective date is listed, the date must b 90 days after the date of filing.)		AL] ys

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.)

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)