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01/03/08--01048--008 **130.00

Effective Date 0/01/08

SECRETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN

JAN -7 2008

EXAMINER

COVER LETTER

•	TO: 'Registration Section Division of Corporations		
	SUBJECT: Isabella Presley by Lallure LLC.		
	(Name of Limited Liability Company)		
	The enclosed Articles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning this matter to the following:		
	Lisa Breen		
	(Name of Person)	-	
	Isabella Presley by Lallure LLC.	2	SIVIO
	(Firm/Company)	=	SEC.
	60 Kelleys Trail	DA JAN -4 PM C. 60	SA
	(Address)	Pn	289 289 289
	Oldsmar, Florida 34677	i.	2 25
	(City/State and Zip Code)	•	5 3
	For further information concerning this matter, please call:		
	Lisa Breen at (727) 784-7984		
	(Name of Person) (Area Code & Daytime Telephone Number)		
	Enclosed is a check for the following amount:		
Ē	\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& Certificate of Status \$\bigcup \text{Certified Copy} \\ (additional copy is enclosed) \$\\ \end{array}\$)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

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ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	8 155
The name of the Limited Liability Comp.	any is:
The name of the Emitted Elability Comp	any is: C. ed Liability Company, "L.L.C.," or "LLC.")
Isabella Presley by Lallure LL	C P
	ed Liability Company, "L.L.C.," or "LLC.")
(Se manning company), yan on a much
ARTICLE II - Address:	क र
The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
60 Kelleys Trail	60 Kelleys Trail
Oldsmar, Florida 34677	Oldsmar, Florida 34677
(The Limited Liability Company cannot serve as its ov	istered Office, & Registered Agent's Signature: vn Registered Agent. You must designate an individual or another
business entity with an active Florida registration.)	,
The name and the Florida street address of	of the registered agent are: Effective Date $O//OI/OS$
John Breen	, ,
	Name
60 Kelleys Trail	
	treet address (P.O. Box NOT acceptable)
Oldsmar, Florida	a 3467.7
· · · · · · · · · · · · · · · · · · ·	State, and Zip
liability company at the place designal registered agent and agree to act in this c statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registared agent as provided for in Chapter 608. F.S.
John	, Mari
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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	Lisa Breen	
	60 Kelleys Trail	· ·
	Oldsmar, FL. 34677	
MGRM	James Breen	O PV
	60 Kelleys Trall	—— 9 12 KC
	Oldsmar, FL. 34677	OB JAN
MGRM	Jonathan Breen	+ 62 A
	60 Kelleys Trail	2 30
	Oldsmar, FL. 34677	\\ \times
		2: 06
		or w
		
		

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>January 1st, 2008</u>. (OPTIONAL) (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 Breen

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)