## L08000003395

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PICK-UP WAIT MAIL				
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LANN & COMPANY 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:
Francesco R Lang Jr (Name of Person).
(Firm/Company)
14415 AVALON RESERVE BIVD APT #105
ORLANDO, FLORIDA 32828 (City/State and Zip Code)
For further information concerning this matter, please call:
Frances co R. Lanni V at (407) 591 - 1549 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Compa	iny is:	
LAnni & Company (Must end with the words "Limit	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
14415 AVALON RESERVE BIND ORLANDO, FL 32828	AAL+115	
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its ow business entity with an active Florida registration.)		
The name and the Florida street address o	of the registered agent are:	± 0
Francesco	R Lanni St Name	SECRETARY SECRETARY
14415 AVALON Florida str	RESORVE BIND #105 reet address (P.O. Box NOT acceptable)	TARY OF ASSEE
DRUANDO City.	FL FL 32828 State, and Zip	AM II: 48 OF STATE
• •	State, and Zip	₩ <b>-</b>

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 (&EQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: \_\_\_ \_. (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:** (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes 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)

Typed or printed name of signee