

LD8000033342

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

No B

N. Olligan APR 2 - 2008

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

LDPM Enterprise, LLC

(Proposed LLC name)

Enclosed is the original and two copies of the Articles of Organization and a check in the amount of 155.00 which represents the filing fee for a Limited Liability Company. Please return the enclosed additional copies to me with the filing date stamped on it.

FROM Strategic Corporate Services Plus, Inc.

849 East Aultman Street

Ely, NV 89301

1-866-310-7269
(Telephone)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2008

LAWRENCE MITCHELL
27 E STREET
PLANT CITY, FL 33563

SUBJECT: LDPM ENTERPRISE, LLC
Ref. Number: W08000013880

We have received your document for LDPM ENTERPRISE, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$155.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 308A00015947

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LDPM Enterprise, 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:

Lawrence Mitchell

(Name of Person)

LDPM Enterprise, LLC

(Firm/Company)

27 E Street

(Address)

Plant City, FL 33563

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Touchstone

(Name of Person)

at (**775**) **289-2789**

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LDPM Enterprise, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3596 284th terrace

Branford, FL 32008

Mailing Address:

27 E Street

Plant City, FL 33563

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TALLAHASSEE FLORIDA

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Lawrence Mitchell

Name

27 E Street


Florida Street address (P.O. Box **NOT** acceptable)

Plant City

FL 33563

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

Lawrence Mitchell

27 E Street

Plant City, FL 33563

MGRM

Donna Mitchell

27 E Street

Plant City, FL 33563

MGRM

Patricia Athans

3596 284th Terrace

Branford, FL 32008

MGR

Matthew Mitchell

805 Sundial Loop

Plant City, FL 33565

(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:

Patricia Touchstone ORGANIZER
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.)

Patricia Touchstone

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)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA