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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 581644 80288A

AUTHORIZATION :

COST LIMIT : \$ 155.00

Lyndee

ORDER DATE : May 22, 2008

ORDER TIME : 1:45 PM

ORDER NO. : 581644-005

CUSTOMER NO: 80288A

DOMESTIC FILING

NAME: THE TRUTH LIES, L.L.C.

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT. 2933

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
THE TRUTH LIES, L.L.C.**

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ARTICLE I- Name:

The name of the limited liability company is:

THE TRUTH LIES, L.L.C.

ARTICLE II - Address:

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

2524 Blue Lake Court
Apopka, FL 32703

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

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

Dominick J. Salfi
999 Douglas Avenue, Suite 3324
Altamonte Springs, FL 32714.

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.


Dominick J. Salfi, Registered Agent

ARTICLE IV - Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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.



**CONSENT TO
APPOINTMENT AS REGISTERED AGENT**

I, Dominick J. Salfi, accept the appointment as registered agent and state that I am familiar with and accept the obligations of the position.

DATED 05/21/08


Dominick J. Salfi

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