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Effective Date 06 13 08

OB JUN 13 PH 2: 07

J. BRYAN

JUN 1 6 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ATTANTIS Lawlor 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:
Patrick Lawlor (Name of Person)
(Name of Person)
Patrick W. Laulor, PA (Pirm/Company)
811 East Hills boro Blud.
(Address) , See See See See See See See See See S
Deer Field Beard Florida 33441 (City/State and Zip Code) For further information concerning this matter please call:
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 428-1868 (Area Code & Daytime Telephone Number)
(Name of Person) . (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S155.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	6 E
The name of the Limited Liability Company is:	8 1560
ATTantis Lawlor (Must end with the words "Limited Liability	LLC SEE
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
811 East Hills bon Blud. Deci Field Beach, PL 33441	BIL Sast Hills bon Blod. Decrated & Beach, FL 33441
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another Effective Date 06 13/08
The name and the Florida street address of the re	B
Katrick Lawle	
	ess (P.O. Box <u>NOT</u> acceptable)
OcacField Beach City, State, an	FL 3341 d 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)

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 "MGRM" = Managing Member	Name and Address:	
•	MGRM Managing Weinder	Patrick Lawlor 811 East Hills boro Blv2. Dere Field Beach, FL 33441	
		OB JUN CON CENTER	
		THE DESTATE OF STATE	
	(Use attachment if necessary)		
ARTIC If an e	CLE V: Effective date, if other than the date effective date is listed, the date must be spondays after the date of filing.)	the of filing: $6-13-08$. (OPTIONAL) secific and cannot be more than five business days prior	
	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)