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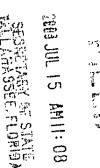
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T. CLINE

JUL 16 2008

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Lawsim Services "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 J Simon (Name of Person)
Lawsim Services "LLC"
(Firm/Company)
1844 SE160 ct.
1844 SE160 ct. (Address)
Octlawaha Fl. 32179 (City/State and Zip Code)
SANCE OF THE PROPERTY OF THE P
For further information concerning this matter, please call:
For further information concerning this matter, please call: Lawrence J Simon at (352) 625-5284
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Lia	bility 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:	Mailing Address:
Lawsim Services "LLC." 1844 SE160 ct Octolowaha Fl. 32179	Lawsim Services"LLC" 1844 SE160Ct. Octionaly Fl. 32179
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registerest entity with an active Florida registration.)	gistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are:
Lawrence	e registered agent are:
Nam	ne Superior Control of the Control o
1844 SE160 C	
	ddress (P.O. Box NOT acceptable)
Ochlawaha	FL 72179

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

		Name and Address:	
"MGR" = Manager "MGRM" = Manager			
MGRM = Manag	ging Memoer		
MGR	_	Lawrence JS 1844 SE 160 ct	Simon
,		1844 SE 160 C+	
	-	Octilanaha Fi	2. 32119
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ARTICLE IV- Manager(s) or Managing Member(s):