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SECRETARY OF STATE

M. THOMAS

SEP 12 2008

CXAMINER

COVER LETTER

	of Corporations		
SUBJECT:	LEMURIA 903	240	
	(Name of Limite	d Liability Company)	
The enclosed Artic	les of Organization and fee(s) are s	ubmitted for filing.	
Please return all con	rrespondence concerning this matte	er to the following:	
	5007	T A. STOLL	
* * ***********************************	(Name of Person)	
	LEMU	PRIA 903 LLC	08
		Firm/Company)	SEP
	4228 5	T. ANDREWS BLY (Address)	08 SEP 11 AN IN-SECRETARIES OF STATE
		(Address)	A H
	IRVING	/TX 75038 //State and Zip Code)	FLOR
	(City	/State and Zip Code)	ू ति
For further informa	tion concerning this matter, please	call:	
<u>Scc</u>	Name of Person)	at (<u>977</u>) <u>679</u> S (Area Code & Daytime Tel	ephone Number)
Enclosed is a chec	ck for the following amount:		
\$125.00 Filing F	ee \$\sums\$\\$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	Street/Courier Address Registration Section	
	Division of Corporations	Division of Corporations	s
	P.O. Box 6327	Clifton Building	Cinala

Tallahassee, FL 32301

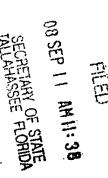


FLORIDA DEPARTMENT OF STATE Division of Corporations

September 3, 2008

SCOTT A. STOLL 4228 ST. ANDREWS BLVD IRVING, TX 75038

SUBJECT: LEMURIA 903 LLC Ref. Number: W08000040890



We have received your document for LEMURIA 903 LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 2, 2008. Please amend your document accordingly.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 308A00048512

MOUNTAIN STATE ORT

Bent My: ORACLE USA; 972 501 3813; Aug-18-08 8:31AM;

Page 3/5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:						
	LEMURIA 90					
	(WON 600 MED 509 MOKES	Limbility Corapany, "L.L.C.," or "LLC.")				
ARTICLE II -	Address:					
The mailing add	iress and street address of ti	the principal office of the Limited Liability Company is:				
3.1.1.102	A 8.5.	•				
Principal Offic		Mailing Address				
7137 LE	EMURIA CIRCLE #	1803 7132 LEMURIA CIRCLE #803 NAPLES, PL 34109				
NAPLES	S. EL 34109	NAPLES PL 34/09				
(The Limited Liebild)	- Registered Agent, Regist ty Continuey connect surve as its own on active Florids registration.)	the registered agent are: TOLL Varia CIRCLE #803 OR Registered Agent, You must designate an individual or enother TOLL Varia CIRCLE #803				
The name and th	ne Florida street address of	the registered agent are:	<u></u>			
	DAVID A. ST	かに	j			
	N	Varie F. S.				
	7132 LEM	URIA CIRCLE #803				
		et address (P.O. Box <u>NOT</u> acceptable)				
	Florida stree	or wanter (1.0. par 1901 avolume)				
	Florida street	FL 34109				

ed 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:

<u>Title:</u> "MGR" =	Name and Address: Manager
"MGRM	" = Managing Member
MG	RM SCOTT STOLL
	4228 ST. AMORGUS BLVD
***	IRVING,TX 75038
MG (DAVID STOLL
	7137 LEMURIA CINCLE
	NAPLES, FL 34109
	FLORIDE STATE
	GS :
(Use atta	chment if necessary) OCT, 1 2008
TICLE V. F	ffective date, if other than the date of filing:
an effective da	ate is listed, the date must be specific and cannot be more than five business days prior
	er the date of filing.)
RЕОШЬ	RED SIGNATURE:
	Signature of a mambay on an authorized representative of a mambay
	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.)
	SCOTT STOLL
	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)