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SECRETARY OF STATE

COVER LETTER

•	TO: Registration Section Division of Corporations					
SUBJECT: Laughing Samurai, 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:					
	Benjamin Collins					
	(Name of Person)					
	Three Beard Technologies, LLC					
	(Firm/Company)					
	PO BOX 1880					
(Address)						
	Winter Park, FL 32790					
(City/State and Zip Code)						
	For further information concerning this matter, please call:					
	Benjamin Collins <u>at (407</u>) 312-1200					
	(Name of Person) (Area Code & Daytime Telephone Number)					
	Enclosed is a check for the following amount:					
	\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{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:

Laughing Samurai, LLC		
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of th	he principal office of the Limited Liability Comp	oany is:
Principal Office Address:	Mailing Address:	
1324 Utah Ave	PO BOX 1880	
Orlando, FL 32803	Winter Park, FL 32790	
1324 Utah Ave	hnologies, LLC Jame Jame FLOTI	08 NOV -6 PH 12: 10
_	et address (P.O. Box NOT acceptable)	6
Orlando,	FL 32803 tate, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complete	d to accept service of process for the above stated d in this certificate, I hereby accept the appointme pacity. I further agree to comply with the provision be performance of my duties, and I am familiar with registered agent as provided for in Chapter 608, I	nt as ns of all th and

(CONTINUED) Page 1 of 2

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" = Mana "MGRM" = Ma		Name and Address:		
MGR		Hampton Paulk		
<u> </u>		1324 Utah Ave	_	
		Orlando, FL 32803	_	
MGR		Gilbert Gomez		
Han		14115 Econ Woods Lane		
		Orlando, FL 32826	_	
MGR		Popiamia Callina		
WGH		Benjamin Collins 1854 Portcastle Circle	_	
		Winter Garden, FL 34787	_	
				
			_	
(Use attachment	if necessary)			
		e of filing: $\frac{\sqrt{0-3}-08}{2}$. (OPT ecific and cannot be more than five business)	TONAL) ss days p	rior
<u>REQUIRED</u> SI	SFOL STATE	an authorized representative of a member.	SECRETARY OF ST	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Benjamin Collins

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee