

609000007985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800141438148

01/23/09--01040--016 **130.00

FILED

09 JAN 23 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS
JAN 26 2009
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAMMB, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAUREN B. BAXTER
LAMMB, LLC
4965 SOUTH RIVER BASIN DRIVE
JACKSONVILLE, FLORIDA 32207

For further information concerning this matter, please call:

George K. Brew at (904)354-4741

Enclosed is a check for the following amount:

____ \$125.00
Filing Fee

 X \$130.00
Filing Fee &
Certificate of
Status

____ \$155.00
Filing Fee &
Certified Copy

____ \$160.00
Filing Fee,
Certified Copy
& Certificate
of Status

FILED
09 JAN 23 PM 12:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name

The name of the Limited Liability Company is:

LAMMB, LLC

ARTICLE II- Address

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

Principal Office Address:

4965 South River Basin Drive
Jacksonville, Florida 32207

Mailing Address:

4965 South River Basin Drive
Jacksonville, Florida 32207

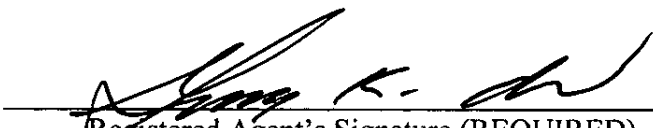
ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Law Office of George K. Brew
George K. Brew, Registered Agent
6817 Southpoint Parkway, Suite 1804
Jacksonville, Florida 32216

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))

(CONTINUED)

Page 1 of 2

FILED
09 JAN 23 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

MGRM

Name and Address:

Lauren B. Baxter
4965 South River Basin Drive
Jacksonville, Florida 32207

ARTICLE V- Effective date shall be the date of filing.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Lauren B. Baxter

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)

FILED
09 JAN 23 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA