L09000034869

(Requestor's Name)				
(Address)				
(Address)				
-				
(City/State/Zip/Phone #)				
☐ PICK-UP ☐ WAIT ☐ MAIL				
(Business Entity Name)				
(Document Number)				
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2009 APR -9 AM II: 27
SECRETARY OF STATE
AND ASSECT FOR DRING

C. LEWIS

APR 1 0 2009

EXAMINER

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Per request of the Florida Department of State Division of Corporation, I have included my contact information with this application. Below is my current address and phone number;

883 Moonluster Drive Casselberry, FL 32707

321-689-3840

I can be reached at the above number anytime.

Sincerely,

Lance Earl

COVER LETTER

	istration Se ision of Cor			
SUBJECT:	Lance I	Earl Homes, LLC		
SOBJECT.			ed Liability Compa	any)
The enclosed	Articles of	Organization and fee(s) are	submitted for filing	3 .
Please return	all correspo	ndence concerning this mat	ter to the following	;
Lan	ce J Ea	rl		
			(Name of Person)	
Lar	nce Earl	Homes, LLC		
			(Firm/Company)	
883	Moonli	uster Drive		
	•		(Address)	
Cas	sselberr	y, FL 32707		
		(Cir	y/State and Zip Code	(1)
For further in	formation co	oncerning this matter, pleaso	e call:	
Lance Earl			at (321	, 689-3840
	(Name of Person)		(Area Cod	e & Daytime Telephone Number)
Enclosed is	a check for	the following amount:		
\$125.00 Fil	ling Fee	✓\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Circle ee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE i - Name:			
The name of the Limited Liability Company is:			
Lance Earl Homes, LLC			
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
	incipal office of the Limited Liability Company is:		
Principal Office Address	Molling Address		
Principal Office Address:	Mailing Address:		
883 Moonluster Drive	883 Moonluster Drive		
Casselberry, FL 32707	Casselberry, FL 32707		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual conothing		
	egistered agent are:		
Lance Earl Name			
883 Moonloster Florida street add	Dave Spire		
Florida street add	ress (P.O. Box NOT acceptable)		
Casse Iberry City, State, a	FL 32707		
City, State, a	nd Zip		
· · · · · · · · · · · · · · · · · · ·	accept service of process for the above stated limited his certificate, I hereby accept the appointment as		

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

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

FILED

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

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<u>Title:</u> "MGR" = Manager	Name and Address: SECRETARY OF ST
"MGRM" = Managing Member	TALLAHASSEE, FL
MGR	Lance Earl
	883 Moonluster Dirve
	Casselberry, FL 32707
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.)	e date of filing: 4/4/09 . (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	er or an authorized representative of a member.
<u> </u>	•

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)