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(Requestor's Name)	
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Certified Copies Certificates of Status	
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A. LUNT

JUN 1 6 3009

EXAMINER

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FILED

SECRETARY OF STATE

COVER LETTER

SUBJECT:	Lamr	n Investments, LLC	<u> </u>
	Name of Limit	ted Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corn	respondence concerning this mat	ter to the following:	
	\	William Lamm	
		Name of Person	d. 28
			2009 JUN 15 SECRETARY TALLAHASSI
		Firm/Company	THE SE
	60) Sixth Avenue	SSE S
	<u>. </u>	Address	170 至
	Voro	Beach, FL 32962	DE CO
		ty/State and Zip Code	<u> </u>
•	blam	nm@bellsouth. net	
	E-mail address: (to be used	for future annual report notificat	tion)
For further informat	on concerning this matter, pleas	e call:	
W	illiam Lamm	at (772)	562-8825
Na	me of Person	Area Code & Daytim	e Telephone Number
Enclosed is a chec	k for the following amount:		
_	e \$\int\\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclose	\$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	Street/Courier Ad Registration Section Division of Corpor Clifton Building 2661 Executive Ce	rations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	vany is:
	restments, LLC
(Must end with the words "Limi	ted Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
60 Sixth Avenue	60 Sixth Avenue
Vero Beach, FL 32962	Vero Beach, FL 32962
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	vistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
W	illiam Lamm
	Name
60	Sixth Avenue
Florida street addre	ess (P.O. Box NOT acceptable)
Vero Beach	FL 32962
City	State, and Zip
Having been named as registered agent	and to accept service of process for the above stated limited

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):

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

"MGR" = Manager	Name and Address:
"MGRM" = Managing	g Member
MGRM	William Lamm
	60 Sixth Avenue
	Vero Beach, FL 32962
140014	
MGRM	Mercedes Lamm
	353 NW Shoreline Circle
	Port Saint Lucie, FL 34986
	SERV.
.	- mg
	RATE
	
(Use attachment if nea	cessary)
LE V: Effective date,	if other than the date of filing: June 12, 2009 (OPTIONAL he date must be specific and cannot be more than five business days
LE V: Effective date, fective date is listed, the days after the date of	if other than the date of filing: June 12, 2009 (OPTIONAL he date must be specific and cannot be more than five business days filing.)
LE V: Effective date, fective date is listed, the days after the date of	if other than the date of filing: June 12, 2009 (OPTIONAL he date must be specific and cannot be more than five business days filing.)
LE V: Effective date, fective date is listed, to days after the date of REQUIRED SIGNA	if other than the date of filing: June 12, 2009 (OPTIONAL he date must be specific and cannot be more than five business days filing.)
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LE V: Effective date, fective date is listed, to days after the date of REQUIRED SIGNA	if other than the date of filing: June 12, 2009 (OPTIONAL he date must be specific and cannot be more than five business days filing.) TURE: ature of a member or an authorized representative of a member. ccordance with section 608.408(3), Florida Statutes, the execution his document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)