

LD9000084476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

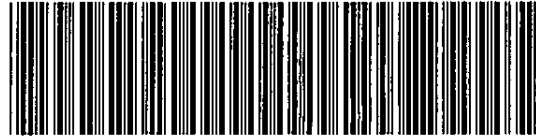
Special Instructions to Filing Officer:

**L. SELLERS**

SEP -1 2009

**EXAMINER**

Office Use Only



800159999908

08/31/09--01024--002 \*\*130.00

FILED

09 AUG 31 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LORD'S Locker 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:

GAIL M. Cushing  
Name of Person

Firm/Company

4606 Bunker Drive  
Address

Sebring, Florida 33872  
City/State and Zip Code

NAC@strato.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAIL M Cushing at (863) 471-6298  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

LORD'S Locker LLC,

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

4606 Bunker Drive  
Sebring, Florida  
33872

#### Mailing Address:

P.O. Box 8374  
Sebring, Florida  
33872

### 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:

Gail M. Cushing

Name

4606 Bunker Drive

Florida street address (P.O. Box **NOT** acceptable)

Sebring FL 33872

City, State, and Zip

*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..*

Gail M. Cushing

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
09 AUG 31 AM 10:55  
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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

GAIL M. Cushing  
4606 Bunker Drive  
Sebring, Florida 33872

MGRM

NORMAN A. CUKRAS  
4606 Bunker Drive  
Sebring, Florida 33872

MGRM

Timothy D Cushing  
1007 IRONWOOD COURT #3  
Rochester, Michigan 48307

MGRM

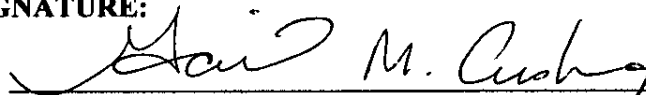
Bonnie Cushing  
1007 IRONWOOD COURT #3  
Rochester, Michigan 48307

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

GAIL M. Cushing  
Typed or printed name of signer

**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)