

L09000109493

From: Origin ID: KYOA (813) 251-1624
Susan Smith
Stratton Law Firm
809 WEST AZEELE ST

TAMPA, FL 33606

(Address)

(City/State/Zip/Phone #)



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TALLAHASSEE, FLORIDA

W09-50040
J. BRYAN NOV 12 2009

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EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2009

SUSAN SMITH
STRATTON LAW FIRM
609 WEST AZEELE ST
TAMPA, FL 33606

SUBJECT: LUCKY LU, LLC
Ref. Number: W09000050040

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LUCKY LU, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$130.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 309A00035371

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lucky Lu, 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:

210 2nd Ave. S.W.
Largo, FL 33770

Mailing Address:

609 W. Azeele Street
Tampa, FL 33606-2205

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:

Stratton Smith, Esq.

Name

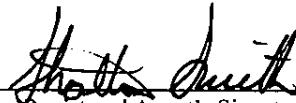
609 W. Azeele Street

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

Tampa FL 33606-2205

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGRM

Name and Address:

Luella M. Evans

210 2nd Ave. S.W.

Largo, FL 33770

MGRM

Richard E. Evans

210 2nd Ave. S.W.

Largo, FL 33770

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TALLAHASSEE, FLORIDA

(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:

Luella M. Evans

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.)

Luella M. Evans

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)

\$ 5.00 Certificate of Status (Optional)