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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Division of C		·	٠
SUBJI	₹ ८ T•	IR DEVE	LOPMENT GR	oup LLC
5 0 D 01	JC1.	·····	ted Liability Company	<u> </u>
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this ma	tter to the following:	
		RONALD K	USSO	
			Name of Person	
			Firm/Company	
		113 VIKING	WAY	
		NAPLES FL	ORIDA 34110 ty/State and Zip Code)
	- 130	Ci	ty/State and Zip Code	Co 10
	· . ·	E-mail address: (to be used	o & LOCK WOOD. (for future annual report notification)	-0/ /
For fur	ther information	concerning this matter, pleas	e call:	
K	CON RU	1550	at (239) 825 -	5050
	Name	of Person	Area Code & Daytime Tele	phone Number
Enclos	ed is a check f	or the following amount:		
		□\$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 C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LR DEVELOPMENT GROUP LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Ad	ldress:		Mailing	Address:		
113 VIKING NAPLES, 1	WAY LORIDA 34	110	<i></i>	AME		
ARTICLE III - Report (The Limited Liability Conbusiness entity with an action The name and the Figure 1)	npany cannot servitive Florida registrorida street ac	e as its own Register ration.) Idress of the replaced Name GULF Strong	gistered a MSSO ORE ess (P.O. B	ou must designate an	individual AFAT OF STAT	FILED

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..

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manage "MGRM" = Mana	
MGRM	2
110/1911	KONALD KUSSO 1930 GILLE SHORE BLVD.
	NAPLES, F1 34102
MGRM	FRANCES LOCKWOOD
	NAPLES, FL. 34102
(Use attachment if	necessary)
·	
If an effective date is liste	d, the date must be specific and cannot be more than five business days prior
o or 90 days after the date	of filing.)
DEGLIDED SIGN	ALCO I
<u>REQUIRED</u> SIG	
	X BUSTUS SEED
Ī	
C	n accordance with section 608.408(3), Florida Statutes, the execution f this document constitutes an affirmation under the penalties of perjury hat the facts stated herein are true.)
	Ronald Russo
	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)