L10000073200

(R	Requestor's Name)
(A	ddress)
(A	ddress)
(C	city/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	A. LUNT

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JUL 12 2010

EXAMINER

COVER LETTER

Division of C			
SUBJECT:	ennis Loug	hren L.L.C.	
	Name of Limite	ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	Dennis (Loughren	
· · · · · · · · · · · · · · · · · · ·		Name of Person	
	Dennis (oughren L.L. Firm/Company	C
			the state of the s
	2425	Limedale Ro	J
		Address	Marie Control
	Lakeland	FC 33 80 //State and Zip Code	9
			≥2
	Home Solutions	2003 @ live . com or future annual report notification)	HASSEE, F
	E-mail address: (to be used f	or future annual report notification)	<u> </u>
For further information	concerning this matter, please	call:	WL -9 PH 2: 5 WHASSEE, FLORID
Dennis	Loughren	at (813) 716	
Name	of Person	Area Code & Daytime Tel-	ephone Number
Enclosed is a check f	or the following amount:		the containing of
₩\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	1 \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporation	•
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			· • • • • • • • • • • • • • • • • • • •	
The name of the Limited Liability Company is:				:
Dennis Loughre			•	
(Must end with the words 'Limited Liability	y Company, "L.L.C.," or	"LLC.")		
ARTICLE II - Address:			•.	
The mailing address and street address of the pri	ncipal office of the	Limited Liabi	lity Comp	any is:
Principal Office Address:	Mailing Address:	· f		
2425 Limedale RD Lakeland FL 33809	2425 Lakeland	Limedale	RS	
Lakeland FL 33809	Lakeland	FC 338	09	
		ા પાયું જાલ	<u> </u>	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results and the Florida street address and the Florida	egistered agent are:	ed Agent's Signate an individual	CONTRACTOR OF THE PROPERTY OF	•
A	ess (P.O. Box NOT acc	, ,	PH 2: 56 F STATE F ORBE	C. C.
<u>Cakeland</u> City, Stat	FL 33 YO	9		
Having been named as registered agent and to a	ccept service of proc	ess for the abo	Své stated l	imited

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

S Cimedale Rd. and FL 33809

(Use attachment if necessary)

Title:

"MGR" = Manager

"MGRM" = Managing Member

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

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

Name and Address:

ARTICLE V: Effective date, if other than the date of filing: 76/2010 (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.)

Dennis Loughren
Typed or printed flame 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)

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