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T. HAMPTON

AUG - 9 2010

EXAMINER

COVER LETTER

: Régistration of Division of	f Corporations	
SUBJECT:	Lady Lorri Glol	bal Ventures, LLC
	(Name of Limit	ted Liability Company)
The enclosed Article	es of Organization and fee(s) are	submitted for filing.
Please return all cor	respondence concerning this mat	ter to the following:
	Jea	an S. Bublitz
		(Name of Person)
	Lady Lorri	Global Ventures, LLC
<u> </u>		(Firm/Company)
	8386	S SW 108th Place
	•	(Address)
	Oca	ıla, FL 34481
	(Cit	ty/State and Zip Code)
For further informat	ion concerning this matter, please	e call:
Jea	an S. Bublitz	at (352) 873-8181
(N	ame of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a chec	k for the following amount:	
\$125.00 Filing Fe	ce \$\sumsymbol{\sumsymbol{\subsymbol{\sin}\symbol{\sin}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin	✓\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

Lady	Lorri Global Ventures, 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:	Mailing Address:				
8386 SW 108th Place	8386 SW 108th Place				
Ocala, FL 34481	Ocala, FL 34481				
(The Limited Liability Company cannot	serve as its own Registered Agent. You must designate an individual or another				
business entity with an active Florida re					
The name and the Florida stree	et address of the registered agent are:				
<u></u>	Jean S. Bublitz				
	Name				
8386 SW 108th Place					
	Florida street address (P.O. Box <u>NOT</u> acceptable)				
	Ocala, _{FL} 34481				
	City, State, and Zip				
•	ered agent and to accept service of process for the above stated limited				
	ice designated in this certificate, I hereby accept the appointment as act in this capacity. I further agree to comply with the provisions of all				
	r and complete performance of my duties, and I am familiar with and				
accept the obligations of m	y position as registered agent as provided for in Chapter 608, F.S				

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

Title: "MGR" = Man. "MGRM" = Man.	ager anaging Member	Name and Address:	
MGRM		Jean S. Bublitz	
		8386 SW 108th Place	
		Ocala, FL 34481	· -
			
			
			
		-	
(Use attachmen	• •	date of filing:	PTIONAL)
CLE V: Effective effective date is left days after the	e date, if other than the isted, the date must b date of filing.)	date of filing: (OI e specific and cannot be more than five busin	PTIONAL) ness days į
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