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FEB 16 2011

EXAMINER



ON SERVICE COMPANY		
ACCOUNT NO. : I2000000195		
REFERENCE: 6772159 7283117		
AUTHORIZATION: Cipulbelle man		
COST LIMIT : \$ 155.00		
ORDER DATE : February 16, 2011		
ORDER TIME : 9:52 AM		
ORDER NO. : 677215-005		
CUSTOMER NO: 7283117		
DOMESTIC FILING		
NAME: LAMPP HOUSE, LLC	\mathbf{E}_{o} .	-
	ECRET LAHA	
EFFECTIVE DATE:	TAR) ASSI	F
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP	EE.F	in ;
XX ARTICLES OF ORGANIZATION	OF STATE	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	DA R	I ,
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Susie Knight - EXT. 2956		
FYAMINER'S INTTIALS.		

ARTICLES OF ORGANIZATION OF LAMPP HOUSE, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is: LAMPP HOUSE, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 604 W Perry Street, Englewood, Florida 34223

ARTICLE III — Registered Agent and Registered Office:

The name and the Florida street address of the initial registered agent are:

Betty J. Dailey Nugent, 604 W Perry Street, Englewood, Florida 34223

ARTICLE IV - Management:

The name and address of each Manager ("MGR") or Managing Member ("MGRM") is as follows:

<u>Title</u>

Name and address:

MGMR

Betty J. Dailey Nugent 604 W Perry Street Englewood, Florida 34223

IN WITNESS WHEREOF, I have signed these Articles of Organization as an articles representative of a member and acknowledged them to be my act this February ___15 \rightarrow 2011.

BETTY DAILEY NUGENT

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

BETTY J. DAILEY NUGENT