2001

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: M. BURR KEIM COMPANY Account Name

Account Number : I19990000242 Phone

1 (215)563-8113

Fax Number

: (215)977-9386

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Rm a i l	Address:			

FLORIDA LIMITED LIABILITY CO. LEHNKERING DEVELOPMENT LLC

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\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
LEHNKERING DEVELO			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
540 173rd Avenue E North Redington Beach, FL 33708	540 173rd Avenue E North Redington Beach, FL 33708		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature:		
The name and the Florida street address of the re	egistered agent are:		
W. Bradley Muni	coe, Esquire		
Name	-		
239 R. Virgi	nia Street AA		
Florida street addr	ess (P.O. Box NOT acceptable)		
Tallahassee	FL 32301		
City, State, ar	nd 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)
Page 1 of 2

(((H11000061692 3)))

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Michael S. Lehnkering
	540 173rd Avenue E
	North Redington Beach, PL 33708
<u></u>	
(Use attachment if necessary)	NVS INVISE
RTICLE V: Effective date, if other than the date	e of filing:
f an effective date is listed, the date must be sp	ecific and cannot be more than five business days prior
or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	영 원인 3
Adv -	30 Total
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.)

Robert Worthington Jr., Authorized Person Typed or printed name of signec

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)

Page 2 of 2

(((H11000061692 3)))