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JP LORIG
(Requestor's Name)
JP LORIF (Requestor's Name) 11290 SE 80 AVE (Address)
(Address)
•
(Address)
Newberry 15232669. (City/State/Zip/Phone #) 52-472-4977
(City/State/Zip/Phone #)
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SECRETARY OF STATE
OF STATE

J. SAULSBERRY EXAMINER MAR 1 0 2011

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:
11280 SE 80 AVE NEWBERRY, 1-L 32669
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
The name and the Florida street address of the registered agent are: VP LORIG HAR Name Name
Name ASA
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable) Wewberry, FL 32669 City, State, and 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.

(CONTINUED)

nt's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	JORGE P. LORIE- 11290 SE 80 AVE NEWBERRY, FL 32669
MGRM	AARON J. LORIE 11290SE 80 AUG NEWBERRY, FL 32669
	ZOII HAR TALLAHA
	ARY OF SSEE.
(Use attachment if necessary)	S ATE 90 PRIDA
LE V: Effective date, if other than th	e date of filing: (OPTIONAL be specific and cannot be more than five business days

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JORGE P LORIE

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)