111000039171

| Luis Santrogo (Requestor's Name) |
|--|
| (Requestor's Name) |
| 12518 Gentle Knoll Ct (Address) |
| (Audicas) |
| (Address) |
| Jax F1. 32258 |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| LSM Tures Fruits. LLC (Business Entity Name) |
| (Business Entity Name) |
| (Document Number) |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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J. SAULSBERRY EXAMINER

APR 1 2011

COVER LETTER

| Division of | Corporations | | | | | | |
|------------------------|---|---|--|--|------------------|-------------|-------|
| SUBJECT: L 8 | M investments | | | | | | |
| | Name of Limit | ed Liability Comp | any | | | | |
| The enclosed Article | es of Organization and fee(s) are | submitted for filin | g. | | | | |
| Please return all corr | respondence concerning this mat | ter to the following | g: | | | | |
| Luis E. | Santiago | | | | | | |
| | • | Name of Person | | | | | |
| L & M | Investments | | | | | | |
| | | Firm/Company | | | | | |
| 12518 | Gentle Knoll CT | • | | | TAIS | 20 | |
| | | Address | | | ECR LA | <u> </u> | |
| Jacksonv | ille FL, 32258 | | | | HAS | 2011 MAR 30 | in. |
| | | y/State and Zip Cod | e | | # Y | | r |
| LESPTY | @Bellsouth.net | | | | OF S | > | 1 |
| | E-mail address: (to be used t | for future annual rep | ort notification) | | 22 | 9h :11 WW | - The |
| For further informati | on concerning this matter, please | e call: | | | | 6 | |
| Luis Santiago | | _ at (904 | , 655-816 | 1 | | | |
| Na | me of Person | | e & Daytime Tele | ephone Number | | | |
| Enclosed is a check | k for the following amount: | | | | | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filin Certified Co (additional cop | ру | \$160.00 Fil Certificate of Certified Co (additional co | of Status opy | & | |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registrat Division Clifton E 2661 Exc | ourier Address ion Section of Corporation Building ecutive Center (see, FL 32301 | s | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

L & M investments. LLC

business entity with an active Florida registration.)

(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: |
|--|--|
| Lais Santiago Luis Santiago | 12518 Gentle Knoll CT, Jax fl 32258 |
| Manuel Colon // | 1405 Ryar Rd Jax Fl. 32216 |
| 12518 Gentle Knullet | |
| Jacksonville F1 32258 | |
| ARTICLE III - Registered Agent, Registere | ed Office, & Registered Agent's Signature: |
| (The Limited Liability Company cannot serve as its own Reg | |

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

| 12518 Gentl Florida str | reet address (P.O. Box NOT acceptable) | TARY ASSE | HAR 30 | |
|-------------------------|--|--------------|---------|----------|
| Jacksonville | _{EI} 32258 | 333 0 A3 | O AH II | [17] |

Having been named as registered agent and to accept service of process for the above the 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

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

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

| Mgr | Luis E. Santiago |
|--------------------------------------|---|
| | 12518 Gentle Knoll Ct |
| | Jacksonville FL, 32258 |
| MGRM | Manuel Colon |
| | 1405 Ryar Rd |
| | Jack soulle El 32216 |
| | SECRETARY ALL AHASSI |
| | |
| | ASA S |
| | |
| | OF STATE OR TO PROPERTY OF STATE OR TO PROPERTY OF STATE |
| | DRA: |
| (Use attachment if necessary) | D. C. |
| LEWs Effective data if athemselves d | (ODTIONA) |
| | ne date of filing: (OPTIONAl be specific and cannot be more than five business days |
| days after the date of filing.) | be specific and cannot be more than live business day. |

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.)

Luis E Sautiago

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)