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SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

JUL 12 2011

COVER LETTER

TO:

Registration Section

Division of Corp	orations						
SUBJECT: LAMBE	Enterprises						
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	ed Liability Compa	iny				
The enclosed Articles of C	organization and fee(s) are	submitted for filing	,				
Please return all correspon	dence concerning this matt	er to the following	:				
Brian Man	gines						
		Name of Person					
LAMBB En	terprises						
-		Firm/Company				_	
7777 Glade	es Road, Suite 1	00					
	· · · · · · · · · · · · · · · · · · ·	Address				_	
Boca Raton,	FI 33434						
Boca Raton,		y/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		- ₹	20	
brian@mangi	neslaw.com	•			LAH		÷
·	E-mail address: (to be used f	or future annual repo	rt notification)		AS E		-
For further information con	ncerning this matter, please	e call:			SEE,		ſ
Brian Mangines		at (561	245-4709		OF STATE	11:8 HG 11 JUL 1105	Ç
Name of i	Person		& Daytime Telep	bhone Number	ATE A	֠.	
Enclosed is a check for t	he following amount:						
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	ру	\$160.00 Filis Certificate o Certified Co (additional cop	f Status &		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration of Division of Clifton Board Exe	ourier Address on Section of Corporations uilding cutive Center C ee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	[C]	$L\mathbf{E}$	I	_	N	a	m	e	:
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The name of the Limited Liability Company is:

LAMMB Enterprises, 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:		
7777 Glades Road	7777 Glades Road		
Suite 100	Suite 100		
Boca Raton, FL 33434	Boca Raton, FL 33434		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Brian Mangines	egistered Agent. You must designate an individu	II JUL II	
Na	me	7 8 8 17 8	1 3
7777 Glades Ro	oad, Suite 100	RH 8: 44 OF STATE E. FLORIO!	
Florida street	address (P.O. Box NOT acceptable)	(L)	
Boca Raton	_{FL} 33434		
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..

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Mary Mangines
MGRM	Brian Mangines 2
	ARR HE
	JUL 1 I
	OF STATE SEE, FLORIO
	TATE ORICE
	D
(Use attachment if necessary)	
• /	(OPTIONAL)
effective date is listed, the date must	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days price
90 days after the date of filing.)	
REQUIRED SIGNATURE:	
	7
•	ber or an authorized representative of a member.
constitutes an affirmation und	08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
t am aware that any false info constitutes a third degree felo	ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)

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)

Typed or printed name of signee