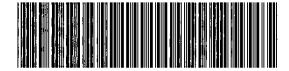
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| (Requestor's Name) | | | |
|---|--|--|--|
| : (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| . PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATES
SECRETARY OF STATES

J. BRYAN

AUG - 9 2011

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|---------------|
| SUBJECT: LAMBTREE HOLDING | SS LLC | |
| | ted Liability Company | |
| The enclosed Articles of Organization and fee(s) are | submitted for filing. | |
| Please return all correspondence concerning this mat | ter to the following: | |
| James J Lamb | | |
| | Name of Person | |
| LAMBTREE HOLDINGS I | L.L.C. | 圣祭 本 |
| | Firm/Company | LCRE . |
| 673, Ron Rico Terr, | | TAR) |
| | Address | E OF THE |
| Port Saint Lucie, Fl 34983. | | FLOR FLOR |
| | ty/State and Zip Code | Ser es |
| jjlamb1932@gmail.com | | • |
| E-mail address: (to be used | for future annual report notification) | |
| For further information concerning this matter, pleas | e call: | |
| James J Lamb | at (772) 985-9929 | |
| Name of Person | Area Code & Daytime Telephone Number | er |
| Enclosed is a check for the following amount: | | |
| \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certified | e of Status & |
| • | | |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|-----------------------|----|
| The name of the Limit | le |
| I AMPTREE L | |

The name of the Limited Liability Company is:

LAMBTREE HOLDINGS "L.L.C.,"

(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: |
|----------------------------|---|
| 673, Ron Rico Terr, | P.O. Box 7096, |
| Port Saint Lucie, Fl 34983 | Port Saint Lucie, 34985 |
| 673, Ron Rico Te | egistered agent are: Lamb. ALCRETARY OF PROPERTY OF |
| Florida street add | Iress (P.O. Box NOT acceptable) |
| Port Saint Lucie | _{FL} 34985 |
| City, Sta | ate, 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)

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 | | |
| MGR | Jean Lamb | |
| | 673, Ron Rico Terr, | |
| | Port Saint Lucie, Fl 34983. | |
| MGR | James J Lamb | |
| | 673, Ron Rico Terr, | |
| | Port Saint Lucie, Fl 34983. | |
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| | Pin in | kr |
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| | THE PROPERTY OF THE PROPERTY O | Ш |
| | | |
| (Heaptrachment if managemy) | STATE LORIU |) |
| (Use attachment if necessary) | DA C | • |
| ICLE V: Effective date, if other than the | e date of filing: (OPTIONA | L) |
| | pe specific and cannot be more than five business day | |
| · 90 days after the date of filing.) | • | - |
| | | |
| DECLUDED CICNATUDE. | • | |
| 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.)

Jean Lamb, James J Lamb.

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)