

L11000106182

(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:

Office Use Only



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09/15/11--01004--028 **125.00

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2011 SEP 15 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
SEP 16 2011
EXAMINER



LAW OFFICE
JOHN A. PARVIN

Attorney at Law
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Palm Harbor, FL 34682
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Email: attorneyparvin@yahoo.com

September 12, 2011

Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: *Limited Liability Company Filing Fee and Registered Agent Forms*

To whom it may concern,

Enclosed for your records and filing are the Articles of Organization for the Florida Limited Liability Company Lazy Lizard Hideaways, LLC, the designation of Registered Agent, and a check in the amount of \$125.00.

If you should have any questions or concerns as it pertains to these documents, please contact my Office as soon as possible.

Sincerely,

John Parvin
Signed in the
Attorney's Absence **/TRB**

John A. Parvin, Attorney
Registered Agent

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lazy Lizard Hideaways LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelby J. Moore

Name of Person

Lazy Lizard Hideaways LLC

Firm/Company

PO Box 6834

Address

Ozona FL 34660

City/State and Zip Code

lazylizardhideaways@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelby J. Moore

Name of Person

at (937)

660-4681

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 Limited Liability Company is:

Lazy Lizard Hideaways 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:

3314 E National Rd, Lot 32

Springfield OH 45505

Mailing Address:

PO Box 6834

Ozona FL 34660

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:

John A. Parvin, Attorney

Name

3106 U.S. Alt. 19

Florida street address (P.O. Box NOT acceptable)

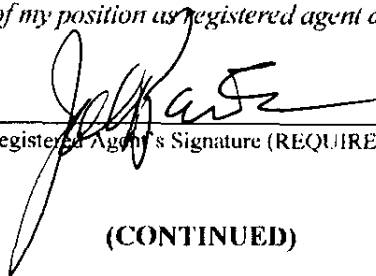
Palm Harbor

FL 34682

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

FILED

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Kelby J. Moore

PO Box 232

South Vienna OH 45369

MGRM

Wendy J. Moore

PO Box 232

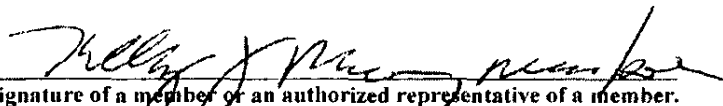
South Vienna OH 45369

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Kelby J Moore, Member

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)