# L11000101359

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(D	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special monactions to 1 mily officer.	

Office Use Only



300212264093

09/19/11--01006--014 \*\*130.00

2011 SEP 19 PN 12 LA SECRETARY OF STATE

T. CLINE

SEP 20 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Lyons Portfolio Management, 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:	
Deryl Hunt	
Name of Person	
Wagner & Hunt, P.A.	<del></del>
Firm/Company	
5231 Coconut Creek Parkway	
Address	
Margate, FL 33063	<del></del>
City/State and Zip Code	
derylhunt@wagnerandhuntlaw.com  E-mail address: (to be used for future annual report notification)	
Ďicka do national de la companya de	* <del>-</del> -
For further information concerning this matter, please call:	
Deryl Hunt at (954 ) 935-6966	II SEP 19 PM 123 La
Name of Person Area Code & Daytime Telephone Number	55 (
Enclosed is a check for the following amount:	£
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
Mailing Address  Registration Section  Registration Section  Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:

# Lyons Portfolio Management, 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:
5231 Coconut Creek Parkway	5231 Coconut Creek Parkway
Margate, FL 33063	Margate, FL 33063

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:

Deryl Hunt

Name

5231 Coconut Creek Parkway

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

Margate

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:

MGRM	Deryl Hunt	
THO I CHARLES	5231 Coconut Creek Parkway	
1	Margate, FL 33063	
	g	
	<del></del>	
		2011 SEI
	V	器器
		<u>حري المجرّ</u>
		9 SER 9
(Use attachment if necessary)		PF PF
	e date of filing: 9/12/2011 (O	PEGNA

**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.)

Deryl Hunt

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)