

2011-11-16 11:58
Division of Corporations

Page 1 of 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((((111000272057 3)))



H110002720573ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : KANE AND KOLTUN
Account Number : I20050000028
Phone : (407) 661-1177
Fax Number : (407) 660-6031

2011 NOV 16 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: shk@kaneandkoltun.com

FLORIDA LIMITED LIABILITY CO.
LAPIN FAMILY HOLDING COMPANY, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

J. SAULSBERRY
EXAMINER

NOV 17 2011

RECEIVED

11 NOV 16 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LAPIN FAMILY HOLDING COMPANY, 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:

17800 BONNIE VISTA COURT
WINTER GARDEN, FL 34787

Mailing Address:

17800 BONNIE VISTA COURT
WINTER GARDEN, FL 34787

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:

Steven H. Kane

Name

557 NORTH WYMORE ROAD, SUITE 100

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

MAITLAND, FL 32751

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.

Steven H. Kane
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
2011 NOV 16 AM 8:32
CLERK OF STATE
TALLAHASSEE, FLORIDA

H11000272057 3

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

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

Title:

"MGR" = Manager

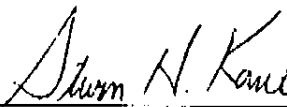
"MGRM" = Managing Member

Name and Address:MGRM
RONALD J. LAPIN
17800 BONNIE VISTA COURT
WINTER GARDEN, FL 34787
MGRM
JANET L. LAPIN
17800 BONNIE VISTA COURT
WINTER GARDEN, FL 34787

 2011 NOV 16 AM 8:32
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

(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.)

STEVEN H. KANE, ESQ.

Typed or printed name of signer

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)