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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV 2 8 2011

EXAMINER

COVER LETTER

	Division of	n Section Corporations				
•	SUBJECT:	LVD Hole	dings, LLC	· ·•		
		Name of Limite	d Liability Compa	nny		
	The enclosed Articles	s of Organization and fee(s) are s	ubmitted for filing	3.		
	Please return all corre	espondence concerning this matte	er to the following	:		
		Paul	Matthews	S		
			Name of Person			
		LVD H	loldings, Ll	LC		
			Firm/Company		-	
		3511 Hur	nting Creek	Loop		
		00111101	Address	Соор	<u> </u>	
			Richey, FL.		SEE 201	
		•	/State and Zip Code		I NOV 23 CRETARY LAHASSE	7
		pmattne E-mail address: (to be used fo	ws42@veriz		AT V	ורתט
	For further information	m_				
	Paul	Matthews	ar (727	、498-5215	PM 1: 32 OF STATE OF LORIDA	C
		ne of Person	at (& Daytime Telephone N	umber 🛱 ∺	
	Enclosed is a check	for the following amount:				
V	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Co (additional cop	py Certi y is enclosed) Certi	.00 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton E 2661 Exc	ourier Address ion Section of Corporations duilding ecutive Center Circle see, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is: LVD Holdings, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
The name of the Limited Liability Company is:
AST 23
LVD Holdings, LLC.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
OFF :
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
3511 Hunting Creek Loop 3511 Hunting Creek Loop
New Port Richey, FL. 34655 New Port Richey, FL. 34655
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:
Paul Matthews
Name
3511 Hunting Creek Loop
Florida street address (P.O. Box NOT acceptable)
New Port Richey, FL 34655
City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited

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)

<u>Title:</u>	Name and Address:
MGR" = Manager	SA S
'MGRM" = Managing Member	EFO
/IGRM	Poul Markonia T. C.
NGKWI	Paul Matthews 3511 Hunting Creek Loop
	New Port Richey, FL. 34655
	New Port Richey, PL. 34655
<u> </u>	
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Use attachment if necessary)	
• ,	date of filing: January 1, 2012 (OPTIONA
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LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 608)	e specific and cannot be more than five business day A decided a specific and cannot be more than five business day an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document
EV: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may after any false information under that any false information.	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
E V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may after that any false information under the constitutes a third degree felonger.	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
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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)