L11000134037

(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:
Milledy

Office Use Only



000214260850

11/28/11--01005--023 **125.00

PECEIVED FILED

DEPARTMENT OF STATE

2011 NOV 28 PM 2: 4

2011 NOV 28 PM 2: 4

2012 NOV 28 PM 2: 4

2013 NOV 28 PM 2: 4

2014 NOV 28 PM 2: 4

2015 NOV 28 PM 2: 4

2016 NOV 28 PM 2: 4

2017 NOV 28 PM 2: 4

2018 NOV 28 PM

J. SAULSBERRY EXAMINER NOV 2 8 2011

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Land E Moor covering LLC Name of Limited Liability Company
The state of the s
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Barker Name of Person
Name of Person
Land Ellow rovering LLC
Firm/Company
25/2 Havey mu Crook RJ Address
City/State and Zip Code ammagnoliachiro a gmail. Court to E-mail address: (to be used for future annual report notification)
City/State and Zip Code
ammagnoliachiro@gMail.Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edwil Baker at (650) 5 V V 198 V Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability C	ompany is:
Land Ella	"Limited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words	'Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street addre	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

ARTICLE I - Name:

2512 huveyvill creek Same	-	
7a11u/25500 FL 32310	- - 20	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signal (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)	ture nother 28	T
The name and the Florida street address of the registered agent are: Letwer Baker Name		m
Name 25/2 horvey mille Creek Rd Florida street address (P.O. Box NOT acceptable)	61:	
Film 6.55 E FL 32310 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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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. \$17.155, F.S.)

1.185 DEARN

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)