

L120000023406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

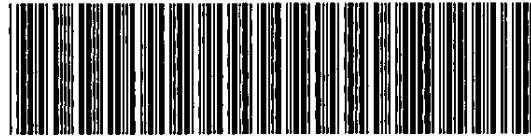
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2012 FEB 16 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. SAULSBERRY
EXAMINER

FEB 17 2012

MICHAEL L. BREWER

Attorney at Law
500 Canal Street, New Smyrna Beach, Florida 32168
(386) 423-5504

Telecopier: (386) 423-8370

February 14, 2012

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32301

RE: LB Double Bar, L.L.C.

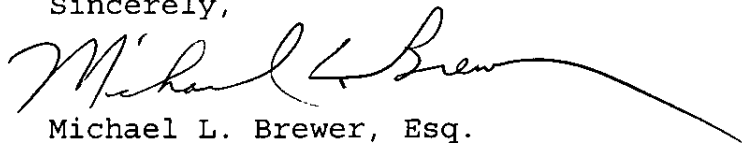
Dear Sir or Madam:

Please find enclosed an original and one copy of the Articles of Organization for the above referenced limited liability company. Also enclosed is a check made payable to the Florida Department of State in the amount of One Hundred Fifty-Five (\$155.00) Dollars for the following:

1. Filing Fee	\$100.00
2. Certificate of Registered Agent	\$ 25.00
3. Certified copy of Articles of Organization	<u>\$ 30.00</u>
Total	\$155.00

After filing the original, please certify the copy and return same to the undersigned in the envelope provided for your convenience.

Sincerely,


Michael L. Brewer, Esq.

MLB/mlv
Enclosure

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LB Double Bar, 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:

417 North Causeway
New Smyrna Beach, FL 32169

Mailing Address:

417 North Causeway
New Smyrna Beach, FL 32169

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:

Michael L. Brewer

Name

500 Canal Street

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

New Smyrna Beach, FL

City, State, and Zip

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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)

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

E. C. Lunsford, Jr.

417 North Causeway

New Smyrna Beach, FL 32169

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TALLAHASSEE, FLORIDA

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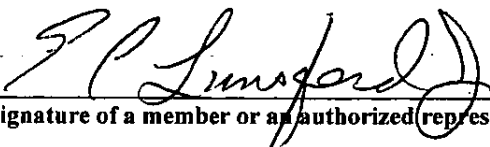
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(Use attachment if necessary)

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.)

E. C. Lunsford, Jr.

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)