

L120000032181

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.

(((H12000059762 3)))



H120000597623ABC%

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 : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I20030000004
Phone : (407) 423-3200
Fax Number : (407) 843-4076

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAR -6 AM 8:22

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: laugustyni@shutts.com

FLORIDA LIMITED LIABILITY CO.
LORI'S HOME CONCEPTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED
12 MAR -6 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

J. SAULSBERRY
EXAMINER

MAR 7 2012
Help

(((H12000059762 3)))

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is:

LORI'S HOME CONCEPTS, LLC

ARTICLE II - Address

The mailing address and the street address of the principal office of the Limited Liability Company is as follows:

1219 Belcaire Circle
Orlando, Florida 32804

**ARTICLE III - Registered Agent and Office and
Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

Lorene B. Webb
1219 Belcaire Circle
Orlando, Florida 32804

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, Florida Statutes.



Lorene B. Webb
(Registered Agent's Signature)



Signature of a member or an
authorized representative of a member.
Lorene B. Webb, Managing 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.)

FILED
2012 MAR -6 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA