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Office Use Only



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EFFECTIVE DATE 04-26-12

12 MAY -2 PM 3: 25

B. BOSTICKMAY - 4 2012

EXAMINER

COVER LETTER

TO: Registration Division of C			
_{SUBJECT:} Lamn	ners, LLC		
	Name of Limit	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
Gina K. I	Lammers		
		Name of Person	
Lammers	s, LLC		
		Firm/Company	
20054 H	eritage Point Drive)	
		Address	
Tampa, Fl	_ 33647		
•	Cit	ly/State and Zip Code	Ac t
gina.iamme	ers@gmail.com E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	12 IAY -2
Gina K. Lamme	rs	_ _{at (} 443739-1527	ff. m
Name	of Person Or the following amount:	Area Code & Daytime Telephone Number	PH 3: 25 OF STATE E. FLORIDA
	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:	
Lammers, LLC.		
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")	<u></u>
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Lia	ability Company is
Principal Office Address:	Mailing Address:	
20054 Heritage Point Drive	20054 Heritage Point Drive	
Tampa, FL 33647	Tampa, FL 33647	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an individ	
Carl R. Lammers	•	
	Name	12 MAY
20054 Herita	ge Point Drive	
Florida s	street address (P.O. Box NOT acceptable)	1335
Tampa	_{FL} 33647	
	City, State, and Zip and to accept service of process for the a	<u> </u>

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:

MGR	Carl R. Lammers	
	20054 Heritage Point Drive	
	Tampa, FL 33647	
MGR	Gina K. Lammers	
	20054 Heritage Point Drive	
	Tampa, FL 33647	
		TALL IN
····	·	Soft in
(Use attachment if necessary)		RIDA
LE V: Effective date, if other than the	e date of filing: 4/26/12	. (OPTIONA

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.)

Carl R. Lammers

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)