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(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

TO:	O: Registration Section Division of Corporations		
SUBJI	ECT: Lava	a One Investments	LLC
20202		Name of Limit	led Liability Company
The en	closed Article	s of Organization and fee(s) are	submitted for filing.
Please	return all corr	espondence concerning this mat	ter to the following:
	Sloan E	. Anderson	
			Name of Person
			Firm/Company
	COE NIVA	/ Ond a4	· ····································
	605 NV	v ara st	Address
	•	W 51 00004	
(Gainesvi	lle Fl 32601	ty/State and Zip Code
	exzaviens	sander9@yahoo.com	systate and zap code
-			for future annual report notification)
For fur	ther informati	on concerning this matter, pleas	e call:
Sloa	n E Ander	son	at (352) 246 2417
	Na	me of Person	Area Code & Daytime Telephone Number
Enclos	sed is a checl	c for the following amount:	
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	ΞI	-]	Na	m	e
T1	. c	41.	. T	•	_ •

The name of the Limited Liability Company is:

Lava One Investments 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:	Mailing Address:
605 NW 3rd St	605 NW 3rd St
Gainesville Fl 32601	Gainesville Fl 32601
<u> </u>	

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:

Sloan E Anderson

Name

605 NW 3rd st

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

Gainesville

FL 32601

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:
	MRG	Sloan E Anderson 605 NW 3rd st Gainesville FI 32601
	(Use attachment if necessary)	
(If an e	CLE V: Effective date, if other than the	date of filing: August 1, 2012 (OPTIONAL) specific and cannot be more than five business days prio
	REQUIRED SIGNATURE:	FILED SECRETIANY OF TALLAHASSEE
	(In accordance with section 608.constitutes an affirmation under I am aware that any false inform	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein stated in a document to the Department State as provided for in s.817.155, F.S.)
	Slean E Typ	ped or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)