L12000098939

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300237822013

Effective Date 7-30-12

07/30/12--01027--019 **130.00

ZOIZ JUL 30 AM 9: 12

J. SAULSBERRY EXAMINER AUG J 2012

COVER LETTER

TO:	Registration S Division of Co		•			
SUBJEC	ct: LOLA	'S MINI MART, L	LC			
~~~~		Name of Limit	ed Liability Compan	у		
The encl	osed Articles of	f Organization and fee(s) are	submitted for filing.			
Please re	turn all corresp	ondence concerning this matt	er to the following:			
E	ELVIRA \	V. DELACRUZ				
<del></del>			Name of Person			
i	LOLA'S N	INI MART, LLC				
			Firm/Company			
	1295 DO	G TRACK RD			2012 JUL 30 9EGRE ARY 9LLAHASSE	
	<del></del>		Address		ASS ASS	
Р	ENSACO	LA, FL 32506			E Y 0 €	1
<u>-</u>			y/State and Zip Code	<del></del>	<u> </u>	7
n	narvie_dela	cruz@yahoo.com			32 : 	
		E-mail address: (to be used f	or future annual report	notification)		
For furth	er information	concerning this matter, please	e call:			
MAR	/IE V. DEL	ACRUZ	at (850	2613170		
	Name o	of Person	Area Code &	Le Daytime Telephone Num	nber	
Enclose	d is a check fo	or the following amount:				
		\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy i	Certific is enclosed) . Certific	0 Filing Fee, cate of Status & ed Copy nal copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu	f Corporations		

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
LOLA'S MINI MART, LLC		
(Must end with the words "Limited Li	ability 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:	
LOLA'S MINI MART, LLC	LOLA'S MINI MART, LLC	
1295 DOG TRACK RD	1295 DOG TRACK RD	
PENSACOLA, FL 32506	PENSACOLA, FL 32506	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	egistered Agent. You must designate an inc	t's Signature: dividual or and CAETARY AHASSEE
The name and the Florida street address of the	- ·	SSE SSE
ELVIRA V. DELACE	RUZ	1 ~~~
Name		TS R
2620 SHERMA	N AVE	AM 9: 12 OF STATE FLORIDA
Florida street	address (P.O. Box NOT acceptable)	D N
PENSACOLA	_{FL} 32506	
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..

Eliua 1 - dele (S Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Ma The name and address of each Mana		ows: SSE
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	E.FLORIO
MGRM	ELVIRA V. DELACRUZ	<i>y</i>
	2620 SHERMAN AVE	
	PENSACOLA, FL 32507	
(Use attachment if necessary)		
LE V: Effective date, if other than the	a data of filing, 07/30/2012	(ODTION A
		n five business day
fective date is listed, the date must l days after the date of filing.)	oe specific and cannot be more tha	and business day
fective date is listed, the date must l days after the date of filing.)	oe specific and cannot be more tha	)
fective date is listed, the date must l days after the date of filing.)	A	)
fective date is listed, the date must l days after the date of filing.)	A	
fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	V_dela Cuy	nember.
fective date is listed, the date must be days after the date of filing.)  REOUIRED SIGNATURE:  Signature of a member of a memb	V_dela Cuy	nember.  f this document ted herein are true.

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)