#1/2000103976

(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



500238340915



08/10/12--01016--016 **125.00



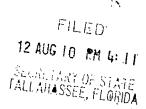
K.SALY EXAMINER AUG 1 3 2012

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Patricia L. Lagle, LLC	
	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Patricia L. Lagle	
	Name of Person
Patricia L. Lagle, LLC	
	Firm/Company
6373 Dearman St.	
	Address
Cocoa, FL. 32917	
	y/State and Zip Code
pattylagle@gmail.com	
·	for future annual report notification)
For further information concerning this matter, please	e call:
Patricia L. Lagle	at (321) 704-9141
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	_
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$\ \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(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

A	R	Т	ľ	C	Ē.	Æ	I	_	N	Įя	m	e:
а	. 1.0		H.	·	_	ıĿ		-	17	14	ш	ᢏ.

The name of the Limited Liability Company is:



					•	 _
L	1 tri	α		Lag	_	 ľ
_	7111			1 711		 ١.
	uu	VIU.	L.,	_~~		 v

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Principal Office Address:	Mailing Address:
6373 Dearman St.	6373 Dearman St.
Cocoa, FL 32927	Cocoa, FL 32927
business entity with an active Florida registrati	s its own Registered Agent. You must designate an individual or another on.)
	ress of the registered agent are:
business entity with an active Florida registrati The name and the Florida street address	ress of the registered agent are:
business entity with an active Florida registrati The name and the Florida street address	ress of the registered agent are: gle Name
The name and the Florida street additional Patricia L. La. 6373 Dear	ress of the registered agent are: gle Name
The name and the Florida street additional Patricia L. La. 6373 Dear	ress of the registered agent are: gle Name Tman St.

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..

Patricia L. Lagle
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member MGR	Patricia L. Lagte 6373 Dearman St. Cocoa, FL 32927
-	6373 Dearman St.
	6373 Dearman St.
	G000a, 1 L 32321
	
(Use attachment if necessary)	
TEV. Effective date if othershounds	date of filing: 8/7/2012 . (OPTIONAL)
days after the date of filing.)	e specific and cannot be more than five business days price
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.)

Patricia L. Lagle

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)