

L12000 106222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

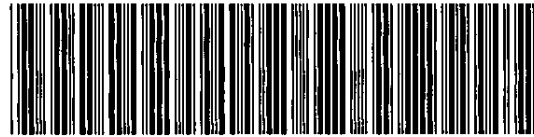
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AUG 17 2012

EXAMINER



700238613737

08/20/12--01001--004 **155.00

RECEIVED
08/17 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 AUG 17 PM 1:59
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 08/17/12

REF. #: 000409.171375

CORP. NAME: LAWRENCE LEASING, LLC

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 17 PM 1:59

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 100577 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
LAWRENCE LEASING, LLC**

FILED
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DIVISION OF CORPORATIONS
12 AUG 17 PM 1:59

ARTICLE I: - Name

The name of the Limited Liability Company is **LAWRENCE LEASING, LLC**

ARTICLE II: - Address

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

Mailing Address:
P.O. Box 69-9024
Miami, FL 33269-9024

Principal Address:
20860 N.W. 2nd Avenue
Miami, FL 33169


ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

NRAI Services, Inc.
515 East Park Avenue
Tallahassee, FL 32301

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.

NRAI SERVICES, INC., as Registered Agent

By 
Name: Michele Holden
Title: Assistant Secretary


ARTICLE IV: - Management

☒ The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.

ARTICLE V: - Managing Member

The name and address of the Managing Member is as follows:

MGRM	Warren Henry Automobiles, Inc. 20860 N.W. 2 nd Avenue Miami, FL 33169
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Warren Henry Zinn, Authorized Signer

(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.)

Warren Henry Zinn

Typed or printed name of signee