(Req	uestor's Name)				
(Address)					
(Add	ress)				
(City.	/State/Zip/Phone	e #1			
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PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Nan	ne)			
(Doc	ument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to F	iling Officer:				



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G. MCLEOD

OCT 2 9 2012

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	' is:					
Lashbrook Mediation, LLC.						
(Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")					
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liabil	lity Com	oany i	s:		
Principal Office Address:	Mailing Address:	Mailing Address:				
3201 Griffin Road, Suite 400 Ft. Lauderdale, FL 33312	3201 Griffin Road, Suite 400 Ft. Lauderdale, FL 33312					
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)						
The name and the Florida street address of the	he registered agent are:		2 00	4		
Martha Lashbrook		HAS	0CT 2	1 Mar 27 44		
Na	ame	TAN Y	σ			
3201 Griffin Ro	ad, Suite 400	# C = 1	3			
Florida street	t address (P.O. Box <u>NOT</u> acceptable)	101 71.S	?			

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..

Fl. 33312 City, State, and Zip

Registered Agent's Signature (REQUIRED)

Fort Lauderdale

(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/MGRM	Martha Lashbrook			
	Cooper City, FL 33026			
		_		
		<u> </u>		
(Use attachment if necessary)				
LE V: Effective date, if other than the	he date of filing: 10/23/2012 (OPTI	IONA		
fective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five busines	s day		

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.)

Martha Lashbrook

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)



TO:

Registration Section Division of Corporations

COVER LETTER

_{suвлест:} Lashbro	ok Mediation,	LLC.			
	Name of Limit		y Company		
The enclosed Articles of Org	ganization and fee(s) are	submitted	for filing.		
Please return all corresponde	ence concerning this mat	ter to the f	ollowing:		
Martha Las	hbrook				
		Name of I	erson		
Lashbrook I	Mediation, LLC).			
		Firm/Con	npany		
3201 Griffin	Road, Suite 40				
		Addre	SS		
Ft. Lauderdale					
	Ci	ty/State and	Zip Code		
Martha@lbrool		,,			<u> </u>
į.	-mail address: (to be used	for future a	muai report notificatio	m)	
For further information cond	erning this matter, pleas	e call:			
Martha Lashbrook		at / 95	4 , 581-81	12 e	ext. 23
Name of Pe	rson	_ *** (4 <u>581-81</u> Area Code & Daytime	Telepi	hone Number
Enclosed is a check for the	e following amount:				
	30.00 Filing Fee & Certificate of Status	Certi	00 Filing Fee & fied Copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	lailing Address egistration Section division of Corporations O. Box 6327 allahassee, FL 32314] 	Street/Courier Addi Registration Section Division of Corporal Clifton Building 2661 Executive Cen Fallahassee, FL 3230	ions ter Ci	rele