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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 11 2012

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Albino Engravore i i					
	mited Liability Company (Must end with the words "Lir	mited Liability Company, "L.L.C.," or "LLC.")			
	(Musi ene will the words - En	inited Elability Company, E.E.C., or EEC.			
	RTICLE II - Address:				
The mailing add	ress and street address	of the principal office of the Limited Lia	bility Company is:		
Principal Offic	e Address:	Mailing Address:			
Steve Lawrence		Steve Lawrence			
880 S. Joy Circle		880 S. Joy Circle			
Marco Island, Florid	a 34145	Marco Island, Florida 34145			
The name and the	ie Florida street addres:	s of the registered agent are:	Es 7		
	Stove Laurence	·	, L.C. Cal		
٠.	Steve Lawrence	Name	. cc ca		
	Steve Lawrence	Name	. cc ca		
	Steve Lawrence	Name	DEC 10 CRETARY LAHASSE		
•.	880 S. Joy Circle	Name a street address (P.O. Box <u>NOT</u> acceptable)	AND FILED DEC 10 PH CRETARY OF LAHASSEE, F		
•.	880 S. Joy Circle	a street address (P.O. Box NOT acceptable)	AND FILED DEC 10 PH 4: CRETARY OF STANASSEELFLO		
••	880 S. Joy Circle Florida	a street address (P.O. Box NOT acceptable)	AND FILED DEC 10 PH CRETARY OF LAHASSEE, F		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

	n the date of filing: January 1, 2013 . (OPTION must be specific and cannot be more than five busing
Use attachment if necessary)	
	
	•
	Walco Island, Florida 34 143
	880 S. Joy Circle Marco Island, Florida 34145
MGR	Steve Lawrence

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.)

Steve Lawrence

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)

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