# L12000155000

(Requestor's Name)
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Effective Date 12/6/12

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FILED SEAGE IARY OF STATE DIVISION OF CORPORATION

DEC 12 2012

T. HAMPTON

(850) 245-6051.

### **COVER LETTER**

TO: Registration Division of C					
SUBJECT: Long	gshore Lamb,	LLC			
SUBJECT:		ed Liability Comp	any		
The enclosed Articles	of Organization and fee(s) are	submitted for filin	g.		
Please return all corres	spondence concerning this matt	er to the following	g:		
Cheryl	Rhodes				
Official	1110000	Name of Person			
		Firm/Company	<u>.</u>		
10204	Woodborne P	lace			
10201	***************************************	Address			
Brader	nton, FL 34202	)			
Diadei		y/State and Zip Cod	le		
cheryl.rho	odes@verizon.net				
	E-mail address: (to be used	for future annual rep	ort notificatio	on)	
For further information	concerning this matter, please	call:			
Cheryl Rh	odes	_ at ( <u>941</u> Area Cod	365-	0900	
Name	e of Person	Area Cod	e & Daytime	Telephone Number	er
Enclosed is a check	for the following amount:				
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fili Certified Co (additional co	ору	) Certified	te of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton l 2661 Ex	Courier Addition Section of Corporat Building secutive Centures, FL 3230	tions ter Circle	

## Effective Date 12/4/12

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Longshore Lamb, LLC	
	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	Cabo uninginal office of the Limited Liebilia, Commons in
The maining address and street address o	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Longshore Lamb, LLC	Longshore Lamb, LLC
10204 Woodborne Place	10204 Woodborne Place
Bradenton, FL 34202	Bradenton, FL 34202
The name and the Florida street address	of the registered agent are:
Cheryl Rhodes	Name
	Name
10204 Woodborne Płace	
Florida s	street address (P.O. Box NOT acceptable)
Bradenton, FL 342	02 <sub>FL</sub>
<del></del>	City, State, and Zip
liability company at the place designa registered agent and agree to act in this	and to accept service of process for the above stated limited at this certificate, I hereby accept the appointment as a scapacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with

Registered Agen's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

STEAR LARY OF STATE OF STATE OF CORPORATIONS

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

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

Manager		Cheryl Rhodes
	<del></del>	10204 Woodborne Place
		Bradenton, FL 34202
(Use attachment	if necessary)	
LE V: Effective	date if other than th	e date of filing: December 6, 2012 . (OPTION
ffective date is	listed, the date mus	st be specific and cannot be more than five busing
	r the date of filing.)	

(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.)

Cheryl T. Rhodes

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)

12 DEC 11 AMIL: 35