(Requestor's Name)
,
(Address)
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(City/State/Zip/Phone #)
(Only) State 2 ph Hone hy
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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C. LEWIS 7 2013 EXAMMER

(850) 245-6051.

COVER LETTER

*TO: Registration Section
Division of Corporations

LOW PRICE INVESTMENTS

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RYAN CARROLL
Name of Person
Firm/Company
17480 ELLIE DRIVE
Address
FORT MYERS, FL, 33967
City/State and Zip Code RLCARROLL80@GMAIL.COM

For further information concerning this matter, please call:

RYAN CARROLL 239 994-4003

Name of Person Area Code & Daytime Telephone Number

E-mail address: (to be used for future annual report notification)

Enclosed is a check for the following amount:

□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$16 Certificate of Status Certified Copy Cert

\$155.00 Filing Fee & \$\ \text{Certified Copy} \quad \text{Certificate of Status & Certified Copy} \quad \text{Certified Copy} \quad \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

The name of the Limited Liability Company is	:		
LOW PRICE INVESTMENTS L.L.C.			
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liabili	ty Compan	y is:
Principal Office Address:	Mailing Address:		
17480 ELLIE DRIVE	17480 ELLIE DRIVE		
FORT MYERS, FL, 33967	FORT MYERS, FL 33967		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regis			
business entity with an active Florida registration.)		63	
The name and the Florida street address of the	registered agent are:	013 JAN -4 PM 12:	36.03
RYAN CARROLL		Ź	
Name			E C
17480 ELLIE DRIVE		3	
Florida street ad	ldress (P.O. Box <u>NOT</u> acceptable)	?	
FORT MYERS, FL, 3396	<u> </u>	=	绩
City, S	tate, and Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacall statutes relating to the proper and comple and accept the obligations of my position as refered Agent's Signa	this certificate, I hereby accept the apcity. I further agree to comply with the performance of my duties, and I an egistored agent as provided for in Ch	ppointment he provision n familiar v	as is of vith

(CONTINUED)

Page 1 of 2

	ss of each Manager	or Managing Member is as follows:	2010
Title: "MGR" = Manager	- Manahan	Name and Address:	2013 JAN -4 PM 12: 6
"MGRM" = Managi	ing Member		
MGR		RYAN CARROLL	
		17480 ELLIE DRIVE	
		FORT MYERS, FL 33967	
<u> </u>			
			
(Use attachment if r	necessary)		
LE V: Effective dat	te. if other than the d	ate of filing:	. (OPTIONAL)
effective date is liste or 90 days after th	ed, the date must b	e specific and cannot be more than	five business days
	IATURE:	/ , /	
REQUIRED SIGN	//		
	gnature of a member of	or an authorized representative of a memb	 er.
Si	-	or an authorized representative of a memb	
Si (In accord constitute I am awar	tance with section ook:4 as an affirmation under the that any false information a third degree falony a	or an authorized representative of a member of a member of a member of perjury that the facts stated her tion submitted in a document to the Department of the provided for in s.817.155, F.S.)	rein are true.

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)