

**L13000012364**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

JAN 24 2013

L. SELLERS

From: Account Name : JOHN E. AURELIUS  
Account Number : 110334002346  
Phone : (954) 772-8222  
Fax Number : (954) 772-8759

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jaurelius@aol.com

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FLORIDA LIMITED LIABILITY CO.  
LARY'S LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T-285 P.002 F-481

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(850) 245-6051.

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LARY'S LLC, a Florida limited liability company  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

John E. Aurelius

Name of Person

John E. Aurelius, P.A.

Firm/Company

4367 N. Federal Hwy, Suite #101

Address

Fort Lauderdale, Florida 33308

City/State and Zip Code

jaurelius@aol.com

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

For further information concerning this matter, please call:

Julie Shaw

Name of Person

at 954 772-8222

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FL 32301

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

LARY'S LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**811 NW 8th Avenue  
Fort Lauderdale, Florida 33311**Mailing Address:**811 NW 8th Avenue  
Fort Lauderdale, FL 33311**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Larry F. Gapp

Name

811 NW 8th AvenueFlorida street address (P.O. Box **NOT** acceptable)Fort Lauderdale, FL 33311 FL

City, State, and Zip

*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.*

*Larry F. Gapp*  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Larry F. Sapp

811 NW 8th Avenue

Fort Lauderdale, FL 33311

MGRM

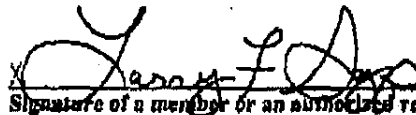
Jeannette Brouin

811 NW 8th Avenue

Fort Lauderdale, FL 33311

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**  
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**


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.)

Larry F. Sapp

Typed or printed name of signer

**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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