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| (Red | questor's Name) | | | |
| (Address) | | | | |
| (Add | dress) | | | |
| (City | y/State/Zip/Phon | e #) | | |
| PłCK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Do | cument Number) | | | |
| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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T. HAMPTON

COVER LETTER

| TO: | Registration S Division of Co | | | ; ; |
|----------|---------------------------------------|---|--|--|
| SUBJE | ст: | PAUL LAMP Name of Limit | AND ASSOCIATES ed Liability Company | 5240 |
| The end | closed Articles of | f Organization and fee(s) are | submitted for filing. | |
| Please r | eturn all corresp | ondence concerning this matt | er to the following: | ļ |
| | | PAUL LAM | O | , |
| - | · · · · · · · · · · · · · · · · · · · | / // | Name of Person | ! |
| - | | PAUL LAMP. | AND ASSOCIATE | rzic |
| | | | Firm/Company | ! ! |
| | 2015 | CAMAL DIC | | |
| - | | | Address | |
| | BRADE | WW. FLORE | OA 34207 y/State and Zip Code | , |
| - | | Cit | | |
| _ | | DLAMP 3090 | or future annual report notification) | |
| | | E-mail address: (to be used) | or maire annual report nonneanon) | , |
| For furt | her information | concerning this matter, please | call: | 1 |
| | PAULA | AMP | at (941) 321-3 | 3957 |
| | Name | of Person | Area Code & Daytime Telepi | hone Number |
| Enclos | ed is a check fo | or the following amount: | , | į |
| □\$125.0 | 00 Filing Fee | 130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (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 Ci Tallahassee, FL 32301 | ircle |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

AVL LAMP AND ASSOCIATES 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: | Mailing Address: |
|--|--|
| BRADGINON FL | 2015 CANAL DR BRADENON FL |
| 34217 | 34207 |
| (The Limited Liability Company cannot serve as its own) | tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another |
| business entity with an active Florida registration.) | Registered Agent. 10d imist designate an individual |

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

2015 CANAL DL

Florida street address (P.O. Box NOT acceptable)

BLADENTO FL 34207

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..

(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:

| Title: "MGR" = Manager "MGRN" = Manager | Name and Address: |
|--|---|
| "MGRM" = Managing Member - M&R. | PAUL LAMP 2015 CANAL DK BRADENON, FL 34207 |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must prior to or 90 days after the date of filing.) | date of filing: (OPTIONAL) be specific and cannot be more than five business days |
| REQUIRED SIGNATURE: | |

Signature of a member of 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.)

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)

SECRETARY OF SIALIDAY
DIVISION OF CORPORATIONS
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