

L13000044966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

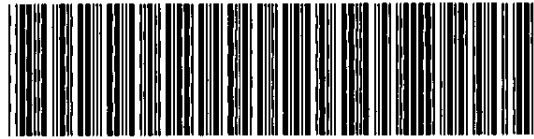
(Document Number)

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Special Instructions to Filing Officer:

MAR 26 2013
L. SELLERS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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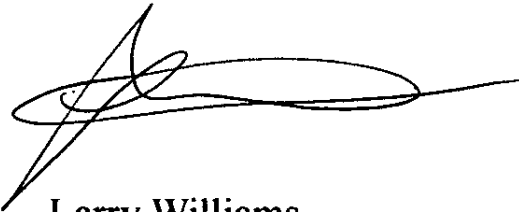
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 20, 2013

To whom it may concern:

I, Larry Williams no longer use the name of L& S Concession Enterprises Inc. Num: P11000051042. As of the 20th of March.

Thanks,

A handwritten signature in black ink, appearing to be 'Larry Williams', with a long horizontal stroke extending to the right.

Larry Williams

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L & S Concession Enterprises LLC
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:

Larry Williams
Name of Person

Firm/Company

2529 Vega Dr lot 346
Address

Tallahassee FL 32303
City/State and Zip Code

Rewms08@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Williams at (850) 590-7889
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 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 Circle
Tallahassee, FL 32301

13 MAR 26 2010
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

L & S Concession Enterprises 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:

Same

Mailing Address:

2529 Vega Dr #346
Tallahassee FL 32303

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 Williams
L & S Concession Enterprises LLC

Name

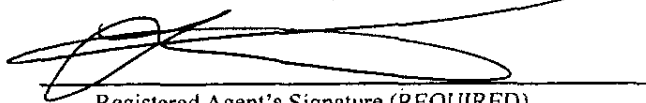
2529 Vega Dr #346

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

Tallahassee FL 32303

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Shonda Williams
2529 Vega Dr 336
Tallahassee, FL 32303

Mgrm

Lawrence Williams
2529 Vega Dr 336
Tallahassee FL 32303

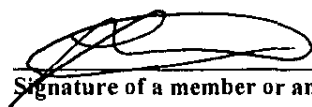
Mgr

Larry Williams
P.O. Box 321
Hawthorn FL 32333

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3-25-13. (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 Williams

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)