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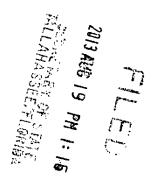
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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	AUG 22	2013
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Office Use Only



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COVER LETTER

-	istration ision of C	Section Corporations		
SUBJECT:	sup	port my mo	UEMENT	
	-		ited Liability Company	
The enclosed	Articles	of Organization and fee(s) are	e submitted for filing.	
Please return	all corres	spondence concerning this ma	tter to the following:	
_ ~	IICHA	IEL LAMB		2013
			Name of Person	19 (8 PHV)
			Firm/Company	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
20:	5 W	DOWARD AVE		<u> </u>
			Address	61
OU	1AM 20	rymovement		
	. 1	C	ity/State and Zip Code	····
<u>en</u>	railr	nymovement	egnail, wm	
To a Constant in	C4;	·	, , , , , , , , , , , , , , , , , , , ,	
ror further in.	iormanon	concerning this matter, pleas	e can:	
MICHA	EL	LAMO	at (727) 644 - 0870 Area Code & Daytime Telephone Nu	
	Name	of Person	Area Code & Daytime Telephone Nu	mber
Enclosed is	a check i	for the following amount:		
⊒\$125.00 Fil	ing Fee	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certif	icate of Status &
		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

ARTICLE I - Name: The name of the Limited Liability Company is:		
The name of the Entitled Elability Company is.		
support my movemen		
(Must end with the words "Limited Liabilit	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
205 WOODWARD AUE OLDSMAR, FL 34677	N.	
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re MCHAEL LAMB Name 205 WOODWARD	gistered agent are:	2013 ALL SOLVER
Florida street addr	ress (P.O. Box NOT acceptable)	
OLDSMAR	FL 34677	
City, Stat	te, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete and accept the obligations of my position as reg	nis certificate, I hereby accepty. I further agree to comply performance of my duties, a sistered agent as provided for	t the appointment as with the provisions of nd I am familiar with

(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:

MICHAEL LAMB 205 WOODWARD AUE OLDSMAR FL 34677
OLDSMAR, FL 34677
7

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 penaltics 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)