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J. SAULSBERRY EXAMINER AUG **26** 2013

COVER LETTER

TO: **Registration Section Division of Corporations** Lehigh Lots, 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: Richard T. Dawson Name of Person Lehigh Lots, Firm/Company POBox 770875 Address Miami, FI 33177 City/State and Zip Code Auditone@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Richard T. Dawson Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □\$125.00 Filing Fee □\$155.00 Filing Fee & □ \$160.00 Filing Fee, ■\$130.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Lobiah Lata II.C					
Lehigh Lots, LLC (Must end with	the words "Limited Liability Compar	ıy, "L.L.C.," or "LLC.")			
	• •				
ARTICLE II - Address: The mailing address and str	eet address of the principal of	office of the Limited Liabili	ty Com	pany	is:
Principal Office Address:	<u>Maili</u>	ng Address:			
13977 SW 140 Street	PO Bo	x 770875			
Miami, Fl 33186		FI 33177			
(The Limited Liability Company can business entity with an active Florida STHE name and the Florida STHE Richard	A Agent, Registered Office, not serve as its own Registered Agent la registration.) Treet address of the registered T. Dawson Name W 140 Street Florida street address (P.O.)	You must designate an individual of			
Mian	ni	186			
	City, State, and Z	p			
liability company at the registered agent and agre all statutes relating to the and accept the obligations	istered agent and to accept so place designated in this certi e to act in this capacity. I fur proper and complete perfor of my position as registered egistered Agent's Signature (REQ	ficate, I hereby accept the apost to a make the apost as provided for in Charles ANN ANN	opointm he provi n famili	ient as isions iar wit	s of th

(CONTINUED)

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

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

MGR m	Richard T. Dawson Po Box 770878 MIAMI FG 33177
mar	Bette J. DAWSON 13281 SW 14651 MIAMI FL 33186
	2 OUN C187
(Use attachment if necessary)	5.7
	ne date of filing: (OPTIONAl st be specific and cannot be more than five busines

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.)

Richard T. Dawson

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)