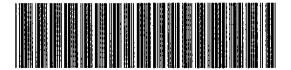
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SEGRETAR (OF STATE FLORIDA
FALLAHASSEE, FLORIDA

K.SALY EXAMINER OCT - 2 2013

COVER LETTER

TO: Registration Section **Division of Corporations** .agarce, LLC Donna N. L The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Donna N. Lagarce Name of Person Donna N. Lagarce, LLC Firm/Company 9009 Kingsbury Place Address Bradenton, FL 34212 City/State and Zip Code d.lagarce@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Donna N. Lagarce Name of Person Enclosed is a check for the following amount: \$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (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

ARTÍCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	EFFECTIVE DATE
Donna N. Lagarce, ŁLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9009 Kingsbury Place	9009 Kingsbury Place
Bradenton, FL 34212	Bradenton, FL 34212
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Donna N. Lagarce	SE T
Name	ress (P.O. Box NOT acceptable)
9009 Kingsbury Place	SET C
Florida street addı	ress (P.O. Box NOT acceptable)
Brader	ress (P.O. Box NOT acceptable) hton, FL 34212
City, Stat	te, and Zip
	was a service of an access for the above stand limited

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.

Druca M. dagas.
Registered Agent's Signature (REQUIRED)

(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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Donna N. Lagarce 9009 Kingsburg Place BRADENHON, FL 34212
,	
	an the date of filing: October 1, 2013 (OPTIONAL) must be specific and cannot be more than five business ng.)
REQUIRED SIGNATURE:	
Signature of a n	nember or an authorized representative of a member.
constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State efclony as provided for in s.817.155, F.S.)
Donna N. Lagare	

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)

Typed or printed name of signee