

U13 000165385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

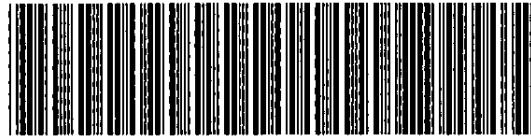
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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NOV 25 2013 11:09 AM

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FILED

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LBF PROPERTIES, 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:

BENNY FISHER

Name of Person

FISHER AUCTION COMPANY

Firm/Company

2112 EAST ATLANTIC BOULEVARD

Address

POMPANO BEACH, FLORIDA, 33062

City/State and Zip Code

benny@fisherauction.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BENNY FISHER

Name of Person

at (**954**) **553-1511**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2013 NOV 25 PM 1:09
FISHER AUCTION COMPANY
BENNY FISHER
benny@fisherauction.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LBF PROPERTIES, 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:

2112 EAST ATLANTIC BOULEVARD
POMPANO BEACH, FLORIDA 33062

Mailing Address:

2112 EAST ATLANTIC BOULEVARD
POMPANO BEACH, FLORIDA 33062

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:

SUZAN P. FISHER

Name

1041 HILLSBORO MILE #20

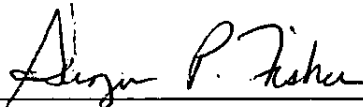
Florida street address (P.O. Box **NOT** acceptable)

HILLSBORO BEACH, FLORIDA 33062

City, State, and Zip

2013 NOV 25 PM 1:09
Suzan P. Fisher
1041 Hillsboro Mile #20
Hillsboro Beach, FL 33062

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:

MGR _____

LAMAR P. FISHER

290 SOUTHEAST FIFTH TERRACE

POMPANO BEACH, FLORIDA 33060-8030

MGRM _____

BENNY FISHER

1043 HILLSBORO MILE 14C

HILLSBORO BEACH, FLORIDA, 33062

MGRM _____

FRANCIS SANTOS

777 SOUTH FEDERAL HIGHWAY 30 C

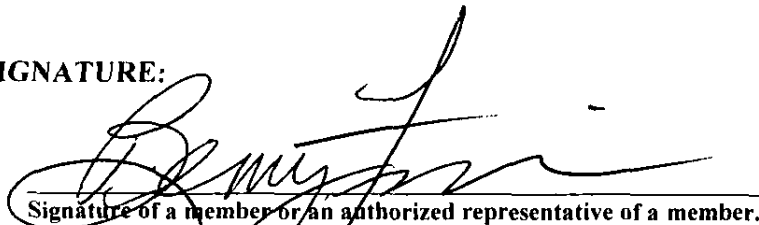
POMPANO BEACH, FLORIDA 33062

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: NOVEMBER 25, 2013, (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.)

BENNY FISHER

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)

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STATE
TALLAHASSEE
FILED