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SECRETARY OF STATE TALLAHASSEE, FLORIDA

N. Cultigram NOV 2 6 20131



TO: Registration Section
Division of Corporations

SUBJECT: Lenny Martin Hay, 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:

Adam A. Czaya, Esq. Name of Person The Law Office of Keith R. Taylor, P.A. Firm/Company P.O. Box Address Lecanto, FL 34460 City/State and Zip Code info@keithtaylorlaw.com

For further information concerning this matter, please call:

Matthew Martin

Name of Person		Area Code & Daytime Telephone Number	
Enclosed is a check f	or the following amount:		
■\$125.00 Filing Fee	□\$130.00 Filing Fee &	□\$155.00 Filing Fee &	□ \$160.00 Filing Fee,

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

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street/Courier Address

Certified Copy

(additional copy is enclosed)

702 324-8576

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status & Certified Copy

(additional copy is enclosed)



November 26, 2013

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LENNY MARTIN HAY, LLC KEITH R. TAYLOR 1143 N LYLE AVENUE CRYSTAL RIVER, FL 34429

SUBJECT: LENNY MARTIN HAY, LLC

Ref. Number: W13000065303

We have received your document for LENNY MARTIN HAY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 213A00027228

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	E Limited Liability Company	is:	
Lenny Martin Hay,			
	(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
		e principal office of the Limited Liabi	ility Company is:
Principal Offic	ee Address:	Mailing Address:	
2251 S. Hwy 41		2251 S. Hwy 41	
Dunnellon, FL 3443	2	Dunnellon, FL 34432	
ADTICLE III	D		!
		red Office, & Registered Agent's S. egistered Agent. You must designate an individua	
	an active Florida registration.)		
The name and the	he Florida street address of th	ne registered agent are:	<i>50</i> ≥
	Keith Q Laylor		- -
	Keith R. Taylor	······································	
		me	EC 26
		me	26 SSEE
	Na 1143 N. Lyle Ave	address (P.O. Box <u>NOT</u> acceptable)	LED 26 PM ARY OF S SSEE, FI
	Na 1143 N. Lyle Ave		LED 26 PN 3: ARY OF STA SSEE, FLOT
	Na 1143 N. Lyle Ave Florida street Crystal River,	address (P.O. Box NOT acceptable)	LED 26 PM ARY OF S SSEE, FI
Having bass w	Na 1143 N. Lyle Ave Florida street Crystal River, City	address (P.O. Box <u>NOT</u> acceptable) FL 34429 , State, and Zip	LED 26 PN 3:57 ARY OF STATE SSEE, FLORIDA
	Na 1143 N. Lyle Ave Florida street Crystal River, City amed as registered agent and	address (P.O. Box <u>NOT</u> acceptable) FL 34429 , State, and Zip to accept service of process for the ab	26 PN 3: 57 26 PN 3: 57 SSEE, FLORIDA Prove stated limited
liability com	Na 1143 N. Lyle Ave Florida street Crystal River, City amed as registered agent and apany at the place designated	address (P.O. Box <u>NOT</u> acceptable) FL 34429 , State, and Zip to accept service of process for the abin this certificate, I hereby accept the	26 PN 3: 57 PLORIDA Prove stated limited appointment as
liability com registered age	Na 1143 N. Lyle Ave Florida street Crystal River, City amed as registered agent and apany at the place designated and agree to act in this cap	address (P.O. Box <u>NOT</u> acceptable) FL 34429 , State, and Zip to accept service of process for the ab	26 PN 3: 57 Prove stated limited appointment as the provisions of
liability com registered age all statutes re	Na 1143 N. Lyle Ave Florida street Crystal River, City amed as registered agent and apany at the place designated ent and agree to act in this capelating to the proper and comp	address (P.O. Box <u>NOT</u> acceptable) FL 34429 , State, and Zip to accept service of process for the abin this certificate, I hereby accept the coacity. I further agree to comply with	26 PN 3: 57 Prove stated limited appointment as the provisions of am familiar with
liability com registered age all statutes re	Na 1143 N. Lyle Ave Florida street Crystal River, City amed as registered agent and apany at the place designated ent and agree to act in this capelating to the proper and comp	address (P.O. Box <u>NOT</u> acceptable) FL 34429 , State, and Zip to accept service of process for the abin this certificate, I hereby accept the coacity. I further agree to comply with plete performance of my duties, and I determined	26 PN 3: 57 Prove stated limited appointment as the provisions of am familiar with
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(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:

	Manager = Managing Mer	Name and Address:	
MGRM	Munuging Mor	Matthew J. Martin	
		3913 Arizona Street	
		Rapid City, SD 57706	
MGRM		Lillian B. Martín	
		2251 S. Hwy 41	
		Dunnellon, FL 34432	
MGRM		Mark J. Martin	
		2251 S Hwy 41	
		Dunnellon, FL 34432	<u> </u>
			<u></u>
			·
(Use attac	hment if necessar	ry)	
•			PTIONAL)
LE V: E	fective date, if oth	ner than the date of filing: (O	
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LE V: E	fective date, if oth	ner than the date of filing: (O	
LE V: Ei ffective d	fective date, if oth	ner than the date of filing: (Oldate must be specific and cannot be more than five of filing.)	
LE V: Ei ffective d	fective date, if oth ate is listed, the as after the date of	ner than the date of filing: (Oldate must be specific and cannot be more than five of filing.)	
LE V: Ei ffective d	fective date, if oth ate is listed, the as after the date of	ner than the date of filing: (Oldate must be specific and cannot be more than five of filing.)	
LE V: Ei ffective d	fective date, if othe ate is listed, the as after the date of the SIGNATUR	ner than the date of filing: date must be specific and cannot be more than five of filing.) E: E:	business day
LE V: Ei ffective d	fective date, if othe ate is listed, the as after the date of the SIGNATUR	ner than the date of filing: (Oldate must be specific and cannot be more than five of filing.)	business day
LE V: Ei ffective d	fective date, if othe ate is listed, the vs after the date of the Signature (In accordance with	date must be specific and cannot be more than five of filing.) EE: of a member or an authorized representative of a member. h section 608.408(3). Florida Statutes, the execution of this documents.	business day SECRETARY Ont
LE V: Ei ffective d	fective date, if othe ate is listed, the as after the date of the secondary of the secondar	date must be specific and cannot be more than five of filing.) E: of a member or an authorized representative of a member. In section 608.408(3). Florida Statutes, the execution of this documentation under the penalties of perjury that the facts stated herein are	business day
LE V: Ei ffective d	fective date, if othe ate is listed, the as after the date of the safter	date must be specific and cannot be more than five of filing.) EE: of a member or an authorized representative of a member. h section 608.408(3). Florida Statutes, the execution of this documents.	business day

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)