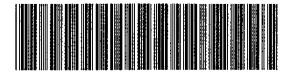
# LI4000019451

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #	)
PICK-UP	MAIT	MAIL
(Busine	ess Entity Name	)
(Docur	nent Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Filin	ng Officer:	
		:

Office Use Only



300256241383

02/03/14--01046--030 \*\*160.00

2014 FEB -3 AM II: 34
SUBJECTABLE STATE

TAIL TAIL TO SUBJECT STATE

TO SUBJECT S



# **COVER LETTER**

SUBJECT: WASH INGTON RESOURCES AUTOLE  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:
LAVADA A. RANDOLPH Name of Person
LAR ENTERPRISES LLC Firm/Company
5417 FAWN RIDGE DRIVE
GULF BREEZE, FL. 325-63 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \  \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address Street/Courier Address

Registration Section
Division of Corporations

TO:

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

Λ	RT	$\Gamma$	$\mathbf{F}$	I _ :	Nα	me

The name of the Limited Liability Company is:

LAR ENTER PRISES 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:	aning Address:
LAVADA A. RANDOLPH	ESHITEAWN RIDGE DRIVE GULF BREEZE FL 3256 3
5417 FAWN RIGGEDRIV	ES417-FAWAI RIDGE DRIVE
FULF BREEZE-FL. 32563	GULF BREEZE FL. 3256 3
	·

# 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:

ANADA O RIMPSUPST Name

5417 FAWN RIDGE DRIVE

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

GULS BREEZE FL 32563

City Zip

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
	VHUITOF H. KANDALPH 3417-SHWWRIDEE DRIVE GULFBREEZE, FL. 32583		
<del></del>			
<del></del>			
(Use attachment if necessary)			
CLE V: Effective date, if other than the da effective date is listed, the date must be site of filing.)	nte of filing:		
CLE VI: Other provisions, if any.			
,			
REQUIRED SIGNATURE:  Javada Signature of a re	nember or an authorized representative of a member. on 605.0203 (1) (b). Florida Statutes, the execution of this document		

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)

Page 2 of 2

