

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000110983 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page
Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HARPER, KYNES, GELLER, GREENLEAF & FRAYMAN, P.A.

Account Number: 070651000745
Phone: (727)799-4840
Fax Number: (727)797-8206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Salty 398@ anl. com

RECEIVED
14 MAY -8 PH 4: 48
SECHETARY OF STATE
TALLAHASSEE, PLORIDA

FLORIDA LIMITED LIABILITY CO.

Luggers Backup, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge. | \$125.00 |

T. Super Marie St. Co.

 $\sqrt{}$

05/08/2014 15:57

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is: Luggers Backup, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

12124 Lillian Ave. Largo, FL 33778

From: HKG Main Fax

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Jason Delacruz 12124 Lillian Ave. Largo, FL 33778 14 MAY -8 PH 4: 49
SECRETARY OF STATE
TALL ANASSEE, FLORIDA

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.

Jason Delacruz, Registered Agent

ARTICLE IV – AUTHORIZED PERSONS

The name and address of each person authorized to manage and control the Limited Liability Company is as follows:

Title:

Name and Address:

Manager

Jason Delacruz 12124 Lillian Avc. Largo, FL 33778 From: HKG Main Fax

ARTICLE V - MANAGERS

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

05/08/2014 15:57

In accordance with section 605.0203 (1) (b), 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.

> Jason Delacruz Typed or printed name of signee