

L14000078417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

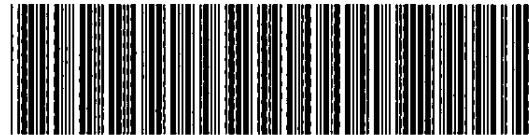
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY 14 PM 3:38

MAY 14 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAMONEY L.L.C.
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:

Stephani Lamoni
Name of Person

LAMONEY L.L.C.
Firm/Company

14000 BISCAYNE BLVD APT #314
Address

NORTH MIAMI BEACH, FL 33181
City/State and Zip Code

LAMONEYEXXOTICS@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephani Lamoni at (786) 683-7388
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2014

STEPHANI LAMONI
P.O. BOX 120253
FT LAUDERDALE, FL 33312

SUBJECT: LAMONEY L.L.C.
Ref. Number: W14000023788

We have received your document for LAMONEY L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 814A00008044

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DIVISION OF CORPORATIONS
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STEPHANI LAMONI
14060 BISCAYNE BLVD. #314
NORTH MIAMI BEACH, FL 33181

April 7, 2014

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

To Whom it may concern:

I Stephani Lamoni no longer want the corporation Lamoney Inc. (P12000103673). I will be starting a limited liability company and will keep Lamoney as the company's name.

I have no intentions of ever activating Lamoney Inc.

Sincerely,



Stephani Lamoni

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAMONEY L.L.C.

(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:14000 BISCAYNE BLVD #314
NORTH MIAMI BEACH, FL 33181**Mailing Address:**P.O. BOX 120253
FT. LAUDERDALE, FL 33302**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:

Stephani Lamoni

Name

14000 BISCAYNE BLVD #314Florida street address (P.O. Box **NOT** acceptable)NORTH MIAMI FL 33181

City

Beach

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.

Stephani Lamoni

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Stephani Lamon
14000 BISCAYNE BLVD #314
NORTH MIAMI BEACH, FL 33181

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Stephani Lamon

Signature of a member or an authorized representative of a member.

(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.)

Stephani Lamon

Typed or printed name of signee

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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