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| (Requestor's Name) | |
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| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | _ |
| (Document Number) | |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | |
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Office Use Only

EFFECTIVE DATE 5/12/14



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WAY 2'3 2014 J. BRUCL

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|------------|
| SUBJECT: Lima Online Services LLC Name of Limited Liability Compan: | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Joseph Michael Lima Name of Person | |
| Lima Online Services LLC Firm/Company | |
| 1279 SW 115th Way Address | |
| Davie. Florida 33325 City/State and Zip Code | |
| josephmichael.lima@gmail.com E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | 201 |
| Joseph Michael Lima at (754) 200-5271 Name of Person Area Code Daytime Telephone Number | MAY THE |
| Enclosed is a check for the following amount: | an a in |
| \$125.00 Filing Fee Status S155.00 Filing Fee & Certificate of Status Certified Copy C | Status & C |

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

| The name of the Limited Liability Company is | : |
|--|--|
| Lima Online Services LLC. | |
| (Must end with the word | s "Limited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the p | principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1279 SW 115th Way | 1279 SW 115th Way |
| Davie, Florida 33325 | Davie, Florida 33325 |
| ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida | as its own Registered Agent. You must designate an individual or |
| The name and the Florida street address of the | |
| Joseph Michael Lim | ng. |
| JOSEPH MICHGELLIN | Name |
| 1279 SW 115th Way Florida street address | y s (P.O. Box <u>NOT</u> acceptable) |
| Dovido | |
| <u>Davie</u> City | |
| the place designated in this certificate, I he capacity. I further agree to comply with the p of my duties, and I am familiar with and acc | o accept service of process for the above stated limited liability company at reby accept the appointment as registered agent and agree to act in this provisions of all statutes relating to the proper and complete performance cept the obligations of my position as registered agent as provided for in Chapter 603. F.S. |
| Registered Age | ent's Signature (REQUIRED) |
| (0 | continued) |
| | Page 1 of 2 |

| Title: | Name and Address: |
|---|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGR | Joseph Michael Lima |
| | 1279 SW 115th Way |
| | Davie, Florida 33325 |
| | |
| AMBR | Linda Ruth Ebling |
| | 1279 SW 115th Way |
| | Davie, Florida 33325 |
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| ective date is listed, the date must be spot filing.) E. VI. Other provisions if any | e of filing: <u>May 12, 2014</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 day |
| E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions if any | e of filing: <u>May 12, 2014</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 day |
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