

U4000096311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

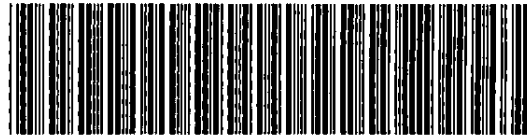
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W14-35317

Office Use Only



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06/02/14--01032--003 \*\*130.00

CLERK OF SUPERIOR COURT  
JULIA MASSEY-LEWIS

2014 JUN 13 PM 4:21

FILED

JUN 16 2014  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2014

LAWRENCE D. RUSSELL  
6339 LONGLEAF PINE DRIVE  
JUPITER, FL 33458

SUBJECT: LMR INVESTMENT HOLDINGS LLC  
Ref. Number: W14000035317

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

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 814A00012244

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2014 JUN 13 PM 4:21

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LMR Investment Holdings 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:

Lawrence D. Russell  
Name of Person

LMR Investment Holdings LLC.  
Firm/Company

6339 Longleaf Pine Drive  
Address

Jupiter/FL, 33458  
City/State and Zip Code

russell2331@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence Russell at ( 561 ) 747-5449  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LMR Investment Holdings 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:**

L. Russell  
6339 Longleaf Pine Drive  
Jupiter, FL 33458

**Mailing Address:**

L. Russell  
6339 Longleaf Pine Drive  
Jupiter, FL 33458

**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:

Lawrence D. Russell

Name

6339 Longleaf Pine Drive

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

Jupiter

City

FL

33458

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)

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TALLAHASSEE FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

AMBR

**Name and Address:**

Lawrence D. Russell

6339 Longleaf Pine Drive

Jupiter, FL 33458

Lawrence D. Russell

6339 Longleaf Pine Drive

Jupiter, FL 33458

Marianne K. Russell

6339 Longleaf Pine Drive

Jupiter, FL 33458

(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:**



**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.)

Lawrence D. Russell

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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TALLAHASSEE FLORIDA