L14000104887

| questor's Name) | |
|-------------------|--|
| dress) | |
| dress) | |
| //State/Zip/Phone | e #) |
| ☐ WAIT | MAIL |
| siness Entity Nan | ne) |
| cument Number) | |
| Certificates | of Status |
| Filing Officer: | |
| | |
| | |
| | |
| | dress) dress) //State/Zip/Phone WAIT siness Entity Nan cument Number) Certificates |

Office Use Only



500261808495

06/30/14--01029--026 **130.00

SECRETARY OF STANS
AND AND SECRETARY OF STANS
AND SECRET

JUL 01 2014 S. YOUNG

EFFECTIVE DATE

COVER LETTER 7

 $t_{\infty} = t_{\infty}$

| | egistration Section ivision of Corporations | | |
|---------------|--|--|---|
| SUBJECT | : Laman-c En | terprises LLC. | |
| | | mited Liability Company | |
| The enclos | ed Articles of Organization and fee(s) a | re submitted for filing. | |
| Please retu | rn all correspondence concerning this m | natter to the following: | |
| | Matthew Co | Name of Person | |
| | Laman-C Ent | Erprises LLC. Firm/Company | |
| | 5917 Mausser | Address | |
| | Orlando, Fla | OYICLA 32822 City/State and Zip Code | |
| <u> </u> | Cannonmus & conservation Cannon Conservation Cannon Conservation Cannon Conservation Conservation Cannon Conservation | d for future annual report notification) | |
| | information concerning this matter, ple | | |
| New | Name of Person | Area Code Paytime Telephone Nu | |
| Enclosed is | a check for the following amount: | | |
| □ \$125.00 Fi | ling Fee \$\subset\$130.00 Filing Fee & Certificate of Status | Certified Copy Certificational copy is enclosed) Certificational copy is enclosed. | 00 Filing Fee, ficate of Status & fied Copy field Copy (Senclosed) |
| | 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

| ARTICLE I - Name: The name of the Limited Liability Company is: |
|--|
| Laman - C Enterprises 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: Mailing Address: |
| 5917 Mausser Orive 5917 Mausser Orive 5417 Mausser 5417 Mausser Orive 5417 Mausser 5417 Mau |
| 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: |
| WHYDEW Cannon Name |
| Florida street address (P.O. Box NOT acceptable) |
| Orlando FL 32822 |
| 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 | Name and Address: |
|---|---|
| "MGR" = Manager | Matthew Cannon 5917 Mausser Drive 1707 P |
| AMBR | No also lace la Obline |
| <u> </u> | 5917 Mausser Brye Apt. 12 Orlando, FL 3 CYZZ |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) | te of filing: |
| EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) | pecuic and cannot be more than five business days prior to or 90 |
| E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. | pectric and cannot be more than five business days prior to or 90 |
| E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. | pectric and cannot be more than five business days prior to or 90 |
| E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. | pectric and cannot be more than five business days prior to or 90 |
| E V: Effective date, if other than the date ective date is listed, the date must be sof filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m | L CUHNOVIZED MEYNE DEVE CINE |
| E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info | L CUHNOVIZED MEMPROPER CITE |
| E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info | tember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State my as provided for in s.817.155, F.S.) |
| E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info | rember or an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. 105.0203 the penalties of perjury that the facts stated herein are true. 105.0203 the penalties of perjury that the facts stated herein are true. 105.0203 the penalties of perjury that the facts stated herein are true. |