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SECRETARY OF STATE  
FALL ARIZONA, ARIZONA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EVOLUTIONARY ELEMENTS 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:

MICHAEL STEPHEN LAZARO & Kimberly Christina LAZARO  
Name of Person

Firm/Company

24023 MADACA LANE APT. 208  
Address

PORT CHARLOTTE, FL. 33957  
City/State and Zip Code

MIKE AND CHRISTINA LAZARO@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL S. LAZARO at 803 - 543 - 5169  
Name of Person Area Code Daytime Telephone Number  
843 384-6790

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

DEAR \*SIRS,

My HUSBAND AND I  
WOULD LIKE TO START  
AN LLC. WE HAVE  
ENCLOSED A CHECK  
WITH THE PAPERWORK,  
PLEASE LET US KNOW  
IF YOU NEED  
ANYTHING ELSE.

OUR INFORMATION IS  
BELOW.

CHRISTINA AND MIKE LARAE  
24023 MADRACA LANE  
# 208  
PORT CHARLOTTE, FL. 33954

803-543-5169

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EVOLUTIONARY ELEMENTS 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:

24023 MADACA LANE  
APT 208  
PORT CHARLOTTE, FL. 33954

Mailing Address:

24023 MADACA LANE  
APT 208  
PORT CHARLOTTE, FL. 33954

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:

MICHAEL STEPHEN LAZARU  
Name

24023 MADACA LANE APT. 208  
Florida street address (P.O. Box **NOT** acceptable)

PORT CHARLOTTE FL 33954  
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)

FILED  
14 SEP -3 AM 10:05  
STATE OF FLORIDA  
TALLAHASSEE COUNTY

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

**Name and Address:**

MICHAEL STEPHEN LAZARO  
24023 MADACA LANE APT. 208  
PORT CHARLOTTE, FL. 33954

KIMBERLY CHRISTINA LAZARO  
24023 MADACA LANE APT. 208  
PORT CHARLOTTE, FL. 33954

(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:**

Kimberly Christina Lazaro

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.)

KIMBERLY CHRISTINA LAZARO  
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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RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA