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(Re	equestor's Name)	_
(Ad	ddress)	
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PICK-UP	■ WAIT	MAIL
(Ri	usiness Entity Nam	(4)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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SECRETARY OF STATE
TALLATIASSES

## **COVER LETTER**

	on of Corporations	
SUBJECT: _	L.A.N.D. [	DEVELOPMENT, LLC
_	Name of Li	imited Liability Company
The enclosed A	rticles of Organization and fee(s) a	are submitted for filing.
Please return al	l correspondence concerning this n	natter to the following:
		Dominic Coloutes
		Name of Person
	L.,	A.N.D. Development, LLC
	·	Firm/Company
	2	2350 State Road 60 East
		Address
	<del></del>	Valrico, Florida 33594 City/State and Zip Code
		COLOUTES@GMAIL.COM
<del></del>	E-mail address: (to be use	ed for future annual report notification)
For further info	rmation concerning this matter, ple	ease call:
Dominic Colo	at (	813 ) 299-4907
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a ch	neck for the following amount:	
\$125.00 Filing	Fee \$\int_\$130.00 Filing Fee & Certificate of Status	✓\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 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
	: ununussee, 1 D 32314	Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
LAND.	DEVELOPMENT, LLC	
	'Limited Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability (	Company is:
Principal Office Address:	Mailing Address:	
2350 State Road 60 East Valrico, Florida 33594	2350 State Road 60 Ea Valrico, Florida 33594	<u>st</u>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re	s its own Registered Agent. You must ogistration.)	
The name and the Florida street address of the re		
Dom	inic Coloutes Name	<del>-</del>
2350 S	tate Road 60 East	
	P.O. Box NOT acceptable)	_
Valrico	<sub>FL</sub> 33594	_
City	Zip	<b>-</b>
Having been named as registered agent and to a the place designated in this certificate, I here capacity. I further agree to comply with the pro of my duties, and I am familiar with and acce	by accept the appointment as registered ovisions of all statutes relating to the pipt the obligations of my position as regional chapter 605, F.S.	d agent and agree to act in this roper and complete performance istered agent as provided for in
Registered Agent	t's Signature (REQUIRED)	TALL TALL
(CO	ONTINUED)	ECRETA FLAHA
J	Page 1 of 2	TANY OF SIA

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Not Used
	10000
AMBR	Dominic Coloutes
	2350 State Road 60 East
	Valrico, Florida 33594
E V: Effective date, if other than ective date is listed, the date must	he date of filing: September 25th, 2014 (OPTIONAL) t be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than ective date is listed, the date must filling.)	
E V: Effective date, if other than extive date is listed, the date must filling.)  E VI: Other provisions, if any.	
E V: Effective date, if other than ective date is listed, the date must filling.)	
E V: Effective date, if other than ective date is listed, the date must filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	of a member or an authorized representative of a member.
E V: Effective date, if other than ective date is listed, the date must of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with see	of a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than ective date is listed, the date must of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with seconstitutes an affirmati	of a member or an authorized representative of a member. tion 605.0203 (1)(b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than ective date is listed, the date must of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with seconstitutes an affirmation of the constitutes and affirmation of the constitutes and applications of the constitutes and affirmation of the constitutes and affi	of a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, it information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than ective date is listed, the date must of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with seconstitutes an affirmation of the constitutes and affirmation of the constitutes and applications of the constitutes and affirmation of the constitutes and affi	of a member or an authorized representative of a member.  tion 605.0203 (1)(b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.  tie information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)
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E V: Effective date, if other than ective date is listed, the date must filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature  (In accordance with seconstitutes an affirmati I am aware that any fal constitutes a third degree.	of a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. te information submitted in a document to the Department of Stafe the felony as provided for in s.817.155, F.S.)  Dominic J. Coloutes  Typed or printed name of signee

ARTICLE IV-