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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	

Öffice Use Only



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11/07/14--01007--006 **125.00

COVER LETTER

TO: * Registration Section Division of Corporations				
SUBJECT: LFS International	al LLC			
	Limited Liability	у Сотрапу	-	
The enclosed Articles of Organization and fee(s) are submitted	for filing.		
Please return all correspondence concerning this	s matter to the fo	ollowing:		
Lloyd Norling				
	Name of P	Person	, <u>,</u>	
	Firm/Con	npany		
337 Victoria Driv	ve			
	Addres	SS		
Haines City, FL	33844		2	
janicein@tampabay.rr.	City/State and	Zip Code	4 NOV	
. <u> </u>		r future annual report notification)	- Total	T.
For further information concerning this matter, p	please call:			
Lloyd Norling	. 863	662-5850	STATE DORID	
Name of Person	Area Code	Daytime Telephone Number	- Fill 6	
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	ed Copy Certificat I copy is enclosed) Certified	filing Fee, e of Status & Copy copy is enclosed)	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	i t	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

LFS International LLC			
(Mt	ast end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	:		
The mailing address and	street address of the princi	pal office of the Limited Liability Company is:	
Principal Office Addres	<u>ss:</u> <u>!</u>	Mailing Address:	
337 Victoria Drive		337 Victoria Drive	
Haines City, FL 33844		Haines City, FL 33844	
		ffice, & Registered Agent's Signature: own Registered Agent, You must designate an ir	idividual c
(The Limited Liability Coanother business entity was another business entity was and the Florida	ompany cannot serve as its with an active Florida regis a street address of the regis	own Registered Agent. You must designate an intration.)	
(The Limited Liability Coanother business entity was not the remainder the Florida (The name and the Florida)	ompany cannot serve as its with an active Florida regis a street address of the regis loyd Norling	own Registered Agent. You must designate an intration.)	adividual o
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(The Limited Liability Coanother business entity was The name and the Florida	ompany cannot serve as its vith an active Florida regis a street address of the regis loyd Norling	s own Registered Agent. You must designate an ir tration.) stered agent are:	2014 NOV -7 PM

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

<u> Title:</u>	<u>Name and Address:</u>
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Lloyd Norling
	337 Victoria Drive
	Haines City, FL 33844
	· · · · · · · · · · · · · · · · · · ·
•	
77 (c. 1 (c))	
Use attachment if necessary)	
Use attachment if necessary)	
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V: Effective date, if other than the date stive date is listed, the date must be sp filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation u	ember or an authorized representative of a member 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the date effive date is listed, the date must be sp filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in	ember or an authorized representative of a member 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true of formation submitted in a document to the Department of State
V: Effective date, if other than the date effive date is listed, the date must be sp filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in	ember or an authorized representative of a member 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.

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)

ARTICLE IV.