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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 05 2015
O. BRUCE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: THE OFF CIRCLE GALLERY
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:

JOHN LASCO
Name of Person

THE OFF CIRCLE GALLERY
Firm/Company

133 NORTH RIDGEWOOD DRIVE
Address

SEBRING, FL 33870
City/State and Zip Code

theoffcirclegallery@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

JOHN LASCO at (863) 471 1593
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

THE OFF CIRCLE GALLERY 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:

133 NORTH RIDGEWOOD DR
SEBRING FL 33870

Mailing Address:

133 NORTH RIDGEWOOD DR
SEBRING FL 33870

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:

JOHN LASCO
Name

4340 VANTAGE CIRCLE
Florida street address (P.O. Box **NOT** acceptable)

SEBRING FL 33872
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)

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

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
MGR	JOHN LASCO 4340 VANTAGE CIRCLE SEBRING FL 33872
MGR	SHIRLEY STONE 2620 CHEYENNE RD SEBRING FL 33875
MGR	DOROTHY BADE 21 SILK OAK ST LAKE PLACID FL 33852
MGR	MEGAN EKENSTEDT 304 SPORTSMAN AVE SEBRING FL 33875

(Use attachment if necessary) (SEE ATTACHED 2 PAGES)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 1, 2015 (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:

• Clara Carroll

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.)

• CLARA CARROLL

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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ARTICLE IV (CONTINUED) THE OFF CIRCLE GALLERY LLC p.1

TITLE:	NAME & ADDRESS:
AMBR	BARBARA WADE 4809 GRANADA BLVD SEBRING, FL 33872
AMBR	CLARA CARROLL 3029 VINE LANE SEBRING, FL 33872
AMBR	BILL SNYDER P.O. BOX 369 LAKE PLACID, FL 33862
AMBR	ANNE REYNOLDS 80 BEARPOINT LANE LAKE PLACID, FL 33852
AMBR	ROSE BESCH 1040 CAREFREE PKWY SEBRING, FL 33872
AMBR	TOM BRUHA 4441 VANTAGE CIRCLE SEBRING, FL 33872

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ARTICLE IV (CONTINUED) p. 2

TITLE:	NAME & ADDRESS
AMBR	JOHN HENRY 201 S. HERON ST SEBRING, FL 33870
AMBR	JAN FETTERS 4244 SMOKE SIGNAL SEBRING, FL 33872