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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8 MAR - 6 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lawrence Family Real Properties, 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:

L. Arthur Lawrence, Jr.
Name of Person

Firm/Company

P.O. Box 4713
Address

Live Oak, FL 32064
City/State and Zip Code

lalawrence39@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

L. Arthur Lawrence, Jr. at (386) 209-0260
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

Lawrence Family Real Properties, 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:

10254 Wildwood Circle
Live Oak, FL 32060

Mailing Address:

P.O. Box 4713
Live Oak, FL 32064

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:

Todd A. Lawrence

Name

7286 65th Drive

Florida street address (P.O. Box NOT acceptable)

Live Oak

City

FL 32060

Zip

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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.

Todd A. Lawrence

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

L. Arthur Lawrence, Jr.
P.O. Box 4713
Live Oak, FL 32064

AMBR

Ann W. Lawrence
P.O. Box 4713
Live Oak, FL 32064

AMBR

Todd A. Lawrence
7286 65th Drive
Live Oak, FL 32060

AMBR

Brantlee C. Lawrence
33 Cinnamon Fern Lane
Santa Rosa Beach, FL 32459

(Use attachment if necessary)

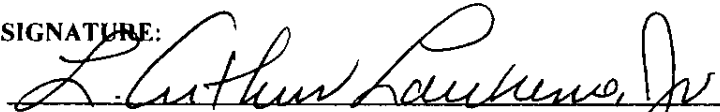
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TALLAHASSEE, FLORIDA

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:



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.)

L. Arthur Lawrence, Jr.
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)

ARTICLE IV continuation from page 2:

Title:

AMBR

Name and Address:

Todd A. Lawrence and Brantlee C. Lawrence as
Trustees of the Kimberly Ann Lawrence Trust
dated January 22, 2015.

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