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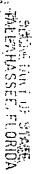
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>L&amp;L DIVERSIFIED LLC</u> Name of I	Limited Liability Company	
The en	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	Lori Guthrie	Name of Person	
	L & L Diversified LLC		
		Firm/Company	
	903 Kings Crown Drive	Address	
	Sanibel, FL. 33957	City/State and Zip Code	
lor	rig4realestate@gmail.com E-mail address: (to be u	•	ution)
	ther information concerning this matter, p		
<u>Lori G</u>	uthrie at  Name of Person	(239 ) 297-5858 Area Code Daytime Tel	ephone Number
Enclose	ed is a check for the following amount:		
☑ \$125.0	0 Filing Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ress ions ASS er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADMICERY	an extendibility is the maintaining is Cold	TW.		
ARTICLE I - Name: The name of the Limited Liability Company is:	· · · · · · · · · · · · · · · · · · ·			
L & L Diversified LLC				
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "I	LC.")		
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Compa	any is:		
Principal Office Address:	Mailing Address:			
903 Kings Crown Drive	903 Kings Crown Drive			
Sanibel, Florida 33957	Sanibel, Florida 33957			
(The Limited Liability Company cannot serve as its or another business entity with an active Florida registra The name and the Florida street address of the registe	ation.)	are au indivigi	nai Ol	
Lori Guthrle				
Na	me			
903 Kings Crown Drive				
Florida street address (P.O. I	Box NOT acceptable)			
Sanibel	FL 33957			
City	Zip			
Having been named as registered agent and to accept the place designated in this certificate, I hereby acceptacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Charles Registered Agent's Signature.	cept the appointment as registered agen ons of all statutes relating to the proper of obligations of my position as registered napter 605, F.S	it and agree to c and complete p	act in ti verformi	his ance
(CONTI	NUED)			
Page 1	of2	ELEXHASSI	15 APR 21	ente second

<u>Citle:</u> AMBR" = Authorized Member	Name and Address:
MGR" = Manager Lynn Baumgardner	3210 Atlantic Avenue (AMBR)
	Longport, NJ 08403
ori Guthrie	903 Kings Crown Drive (AMBR) Sanibel, FL. 33957
· · · · · · · · · · · · · · · · · · ·	
• ,	e of filing: (OPTIONAL)
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be sp. filing.)  VI: Other provisions, if any.	e of filing: (OPTIONAL)  Decific and cannot be more than five business days prior to or 9
Signature of m  (In accordance with section 60 constitutes an affirmation and I am aware that any false information and I am aware that a aware th	e of filing:
V: Effective date, if other than the date tive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of machine in the date must be specified in the date must be	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. In a mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)