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15 APR 29 PH 2: 41
SECRETARY OF STATE

WAP 5/19/15

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: LT Unlimited, LLC Name of Lin	mited Liability Company	
The er	nclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Luther Edward Thomas	Name of Person	
	LT Unlimited, LLC	Firm/Company	
	1019 Spirit Lake Road	Address	
	Winter Haven, FL 33880	City/State and Zip Code	
<u>br</u>	rewhounds863@gmail.com E-mail address: (to be use	d for future annual report notification)	
For fu	rther information concerning this matter, ple	ase call:	
Luthe	r Thomas at (! Name of Person	363) 258-7202 Area Code Daytime Telephone	Number
_	ed is a check for the following amount: 00 Filing Fee \$\overline{\mathbb{Z}}\$130.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	60.00 Filing Fee, ertificate of Status & rtified Copy tional 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 Circl Tallahassee, FL 32301	15 APR 29 I

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LT Unlimited, LLC	d Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1019 Spirit Lake Road Winter Haven, FL 33880	1019 Spirit Lake Road Winter Haven, FL 33880
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	l agent are:
Luther Thomas	
Namo	
1019 Spirit Lake Road	
Florida street address (P.O. Box	x <u>NOT</u> acceptable)
Winter Haven	FL 33880
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	ervice of process for the above stated limited liability company at of the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance eligations of my position as registered agent as provided for in other 605, F.S
_ luf	
Registered Agent's Signa	ture (REQUIRED)
CONTINU	IED)

(CONTINUED)

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15 APR 29 PM 2: 41
SECRETARY OF STATE
ALLI AND SSEE, FLORING

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Luther Thomas
	1019 Spirit Lake Road
	Winter Haven, FL 33880
 	
EV: Effective date, if other than the cective date is listed, the date must be	ate of filing: <u>05/14/2015</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
(Use attachment if necessary) EV: Effective date, if other than the certive date is listed, the date must be of filing.) EVI: Other provisions, if any.	ate of filing: <u>05/14/2015</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
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E V: Effective date, if other than the coefficient of the date is listed, the date must be of filing.) E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 da
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