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(Re	equestor's Name)
(Ad	dress)
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(Cit	ty/State/Zip/Phone #)
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JUN 8 2015 S. GILBERT

COVER LETTER

	egistration ivision of C	Section orporations			
SUBJECT	Lanai Ar				
SOBILET	•		Limited Liabil	ity Company	
The enclos	ed Articles	of Organization and fee(s)	are submitted	for filing.	
Please retu	rn all corres	pondence concerning this	matter to the 1	ollowing:	
	Janice Elle	n Cobb			
			Name of	Person	
	Lanai Art	LLC			
			Firm/Co	mpany	
	9273 Brad	y Street			
			Addr	ess	
	Spring Hil	FL 34608			
	americantor	ers@aol.com	City/State an	d Zip Code	
-		E-mail address: (to be us	sed for future a	nnual report notificat	ion)
For further in	nformation c	oncerning this matter, ple	ease call:		
	Janice Eller		352	556-4662	
	Na	me of Person	Area Code	Daytime Telephon	e Number
Enclosed is	s a check for	the following amount:			
\$125.00 Fi	ling Fee	\$130.00 Filing Fee & Certificate of Status	Certifi	0 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ing Address		Street Address Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

15 JUN-4 PH 12:41 SECRETARY SEE FLORIS ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE 1 - Name:** The name of the Limited Liability Company is: Lanai Art 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: Mailing Address: Principal Office Address: 9273 Brady Street 9273 Brady Street Spring Hill FL 34608 Spring Hill FL 34608 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: Janice Ellen Cobb Name 9273 Brady Street Florida street address (P.O. Box NOT acceptable) Spring Hill 34608 City State 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..

(CONTINUED)

Page 1 of 2

<u>Title:</u>	horized Member	Name and Address:
"MGR" = Man		
Manager		Janice Ellen Cobb
		9273 Brady Street
		Spring Hill FL 34608
AMBR		Mark Wayne Petrin
		9273 Brady Street
		Spring Hill FL 34608
fective date is lis of filing.)	late, if other than the date of fi ted, the date must be specific	ling:
LE V: Effective of fective date is list of filing.) If the date inserted	late, if other than the date of fi ted, the date must be specific	c and cannot be more than five business days prior to or 90 da the applicable statutory filing requirements, this date will not be
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LE V: Effective of fective date is list of filing.) If the date inserted ament's effective LE VI: Other professional REQUIRED States	date, if other than the date of fitted, the date must be specified in this block does not meet date on the Department of Sivisions, if any. IGNATURE: Signature of a member (In accordance with section constitutes an affirmation und I am aware that any false infoconstitutes a third degree felo. Jnaice Ellen Cobb	the applicable statutory filing requirements, this date will not be tate's records. ELL CLL er or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State