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Robert W. McClure, Esq. Chanille L. Grigsby, Esq.

MCCLURE AND GRIGSBY, P.A. ATTORNEYS AT LAW

9240 Bonita Beach Road, Suite 1117 Bonita Springs, FL 34135 Phone: 239.948.9740

> Fax: 239.948.1224 Legal.assistant@mgpalaw.com

June 23, 2015

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

SUBJECT: Lancaster Run, LLC

Dear Sir or Madame:

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wanda B. Knudson McClure and Grigsby, P.A. 9240 Bonita Beach Road, Suite 1117 Bonita Springs, FL 34135 Legal.assistant@mgpalaw.com

Enclosed is a check for the following amount: \$125.00 Filing Fee.

Sincerely,

Wanda. B. Knudson

Wanda B Knudson

Enclosures



ARTICLES OF ORCANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY PM 1: 19

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE FLORIDA

LANCASTER RUN, 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

Mailing Address

21301 Lancaster Run, #813 Estero, Florida 33928 21301 Lancaster Run, #813 Estero, Florida 33928

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:

Norman J. Brown 21301 Lancaster Run, #813 Estero, Florida 33928

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)



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

Title Title

Name and Address

SECRETARY OF STATE TALLAHOSSEE FLOSIDA

MGR

Norman J. Brown 21301 Lancaster Run, #813 Estero, Florida 33928

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Norman J. Brown

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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)