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SECRETARY OF STATIONS
JIVISION OF CORPORATIONS
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JUL 0 7 2015

T SCHROEDER

COVER LETTER

TO:	Registration Division of C				
GUID V		amily Holding Company Ll	LC		
SUBJI	scr:	Name of L	imited Liabili	ty Company	
The en	closed Articles	of Organization and fee(s) a	re submitted	for filing.	
Please	return all corres	pondence concerning this n	natter to the f	ollowing:	
	Lloyd Sow	vers			
			Name of	Person	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Firm/Co	nnany	
	2916 W. W	/alicraft Ave.			
			Addre	ess	····
	Tampa FL	33611			
	kim@theso	wersfamily.com	City/State and	l Zip Code	
		E-mail address: (to be use	d for future a	nnual report notificat	ion)
For furth	er information o	concerning this matter, plea	se call:		
	Lloyd Sow	ers	313	601-4045	
	Na	me of Person	Area Code	Daytime Telephon	e Number
Enclose	ed is a check for	the following amount:			
\$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & ed Copy is enclosed)	\$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 Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>.</u>	L & K Family Holding Company LLC (Must end with the words "Limited Lia	hility Company "L.L.C." or "L.L.C.")
		, , , , , , , , , , , , , , , , , , , ,
	II - Address: address and street address of the principal office	of the Limited Lightlity Company is:
ne maning	address and street address of the principal office	e of the Limited Liability Company is:
	Principal Office Address:	Mailing Address:
2	2916 W. Wallcraft Ave.	c/o Lloyd Sowers
		2916 W. Wallcraft Ave.
7	Tampa FL 33611	2910 W. Waliciait Ave.

Kimberly Canavan

Name

2916 W. Wallcraft Ave.

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

Tampa

FL

33611

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..

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Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

15 JUN 29 AM 9: 12

SECRETARY OF STATE
STATE OF CORPORATIONS

Use attachment if necessary) 2. V: Effective date, if other than the date of filing:	Title:	Name and Address:
AMBR Lloyd Sowers 2916 W. Wallcraft Ave. Tampa FL 33611 Kimberly Canavan 2916 W. Wallcraft Ave. Tampa FL 33611 Use attachment if necessary) EV: Effective date, if other than the date of filing:		
AMBR Kimberly Canavan 2916 W. Wallcraft Ave. Tampa FL 33611 Use attachment if necessary) EV: Effective date, if other than the date of filing: Citive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day filling. EVI: Other provisions, if any. Signature of a member by any authorized representative of a member. (In accordance with section 603 (2033 (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 as third degree felony as provided for in s.817.155, F.S.) Lloyd Sowers Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	'MGR" = Manager AMBR	Lloyd Sowers
AMBR Kimberly Canavan 2916 W. Wallcraft Ave. Tampa FL 33611 Eve attachment if necessary) Eve attachment if necessary) Eve Effective date, if other than the date of filing: Citive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be tent's effective date on the Department of State's records. Every Cother provisions, if any. REQUIRED SIGNATURE: Signature of a member by 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.) Lloyd Sowers Typed or printed name of signee Filling Fees; \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certificate of Status (Optional)		· · · · · · · · · · · · · · · · · · ·
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