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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

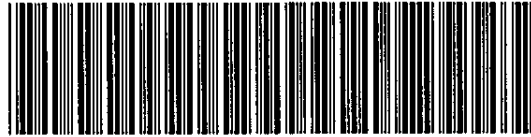
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 NOV 30 PM 4:01
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

MD 12/17

November 25, 2015

Caryn Farrell
LC CIRC LLC
1975 E Sunrise Blvd
Suite 800
Ft Lauderdale FL 33304
(754) 366-4923
caryneve@hotmail.com

Florida Department of State
Registration Section
Division of Corporation
PO Box 6327
Tallahassee FL 32314

To whom it may concern:

Enclosed please find a completed Articles of Organization and a check made out to Florida Department of State in the amount of \$160.00 (Filing Fee, Certificate of Status & Certified Copy)

Sincerely,

A handwritten signature in cursive script that reads "Caryn Farrell".

Caryn Farrell
Registered Agent

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LC CIRC LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

CARYN FARRELL
Name of Person

LC CIRC LLC
Firm/Company

1975 E SUNRISE BLVD #800
Address

FT LAUDERDALE FL 33304
City/State and Zip Code

caryneve@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caryn Farrell at (754) 366.4923
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

LC CIRC 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:

1975 E SUNRISE BLVD

#800

FT LAUDERDALE FL 33304

Mailing Address:

1975 E SUNRISE BLVD

#800

FT LAUDERDALE FL 33304

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:

CARYN FARRELL

Name

1975 E SUNRISE BLVD #800

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

FT. LAUDERDALE FL 33304

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..

Caryn Farrell

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MBR

Name and Address:

CARYN FARRELL

1975 E SUNRISE BLVD #800

FT LAUDERDALE FL 33304

LAURA SCHWALBE

33 5TH AVE #6A

NEW YORK NY 10003

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(Use attachment if necessary)

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:

Caryn Farrell

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.)

CARYN FARRELL

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)