L1600107685

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724
SUNSHINECORPORATE2014@GMAIL.COM

Date: 6-6-16
ENTITY NAME:
LFB-K-9 TRAINING EQUIPMENT, LLC
PLEASE FILE THE ATTACHED AND RETURN:
Plain Copy Certified Copy
PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY: Document Number:
Certified Copy of Arts & Amendments
Certificate of Good Standing
APOSTILLE'/NOTARIAL CERTIFICATION:
COUNTRY OF DESTINATION
NUMBER OF CERTIFICATES REQUESTED
TOTAL AMOUNT OWED: 155 CHECK NUMBER: 2559 PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.
Thank you!
Tina Goff, President

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

LFB - K-9 TRAINING EQUIPMENT, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

1675 CALOOSA ESTATES LANE

LABELLE, FLORIDA 33935

ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:

SUPERBIZ REGISTERED AGENT, INC.

2761 VISTA PARKWAY, STE E4

WEST PALM BEACH, FLORIDA 33411

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.

TRACY COITE / Registered Agent's signature

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ARTICLE IV

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

AUTHORIZED MEMBER
ELIZABETH J LILLEY
1675 CALOOSA ESTATES LANE
LABELLE, FLORIDA 33935

AUTHORIZED MEMBER
DAVID M LILLEY, SR.
1675 CALOOSA ESTATES LANE
LABELLE, FLORIDA 33935

16 JUN - 6 PH 1: 24
SECRETARY OF STATE
SALLAHASSEE FLORID.

ELIZABET J LILLEY / Authorized Representative's signature

(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.)