1600181711

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

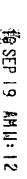
SEP 2 9 2016

T. SCOTT



500290091855

09/19/16--01045--019 **160.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lamb House 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:
LILIAN PONTILLO Name of Person
LAMBHOUSE LLC Firm/Company
1350 NW YETH PLACE Address
DEENFIELD BEACH, FL City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$

Mailing Address

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

Street Address

New Filing 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:

LAMB HOUSE 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:

1350 NW YETH PLACE

DEFINE LO REACH, FL

33064

1350 NW YETH PLACE

DEFINE 18CO BCH, FC

33064

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:

Name

13 50 NW 48TH PLACE

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

DEENFIELD BCH, FL 33064

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.,

Julian Pontubo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGP" = Manager	Name and Address:
"MGR" = Manager	LILIAN PONTILLO 1350 NW YSTHPLACE DERNFIELD BEACH, FC 330
	DERNFIRCO BEACH, FC 330
	
(Use attachment if necessary)	the date of filing: OCT / 20/6 (OPTIONAL)
ICLE V: Effective date, if other than a effective date is listed, the date muate of filing.) If the date inserted in this block delocument's effective date on the Dep	the date of filing:OC
ICLE V: Effective date, if other than n effective date is listed, the date mulate of filing.)	oes not meet the applicable statutory filing requirements, this date will not be listed
ICLE V: Effective date, if other than a effective date is listed, the date muste of filing.) E: If the date inserted in this block delocument's effective date on the Dep	oes not meet the applicable statutory filing requirements, this date will not be listed
ICLE V: Effective date, if other than a effective date is listed, the date must of filing.) E: If the date inserted in this block delocument's effective date on the Department of the Departme	oes not meet the applicable statutory filing requirements, this date will not be listed
REQUIRED SIGNATURE: Signature This document I am aware that Constitutes a thi	coes not meet the applicable statutory filing requirements, this date will not be listed artment of State's records. Low

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)