

216000184563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

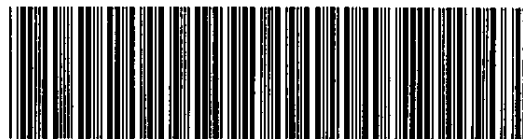
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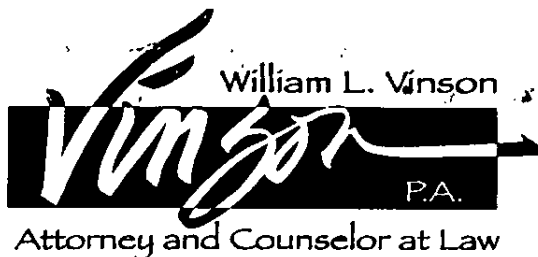
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TALLAHASSEE, FLORIDA

M. MOON

OCT - 3 2016



110 South Lewis Avenue
Tarpon Springs, FL 34689-4359
Phone: (727) 937-6113 Fax: (727) 938-1036
Email: bill.vinson@thevinsongroup.com

September 30, 2016

COVER LETTER

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

SUBJECT: LISONS, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Stephen D. Litchford
84 Castle Court
Maggie Valley, NC 28751

E-mail address: slitchford@yahoo.com

For further information concerning this matter, please call:
William L. Vinson at (727) 937-6113

Enclosed is a check for the following amount: \$125.00 filing fee

Thank you for your assistance in this matter.

Sincerely,

William L. Vinson

enclosures

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**ARTICLES OF ORGANIZATION
OF
LISONS, LLC**

ARTICLE I – NAME

The name of the limited liability company is Lisons, LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:
84 Castle Court
Maggie Valley, NC 28751

Mailing Address:
84 Castle Court
Maggie Valley, NC 28751

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**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

William L. Vinson
110 S. Levis Avenue
Tarpon Springs, Florida 34689

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.



William L. Vinson

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

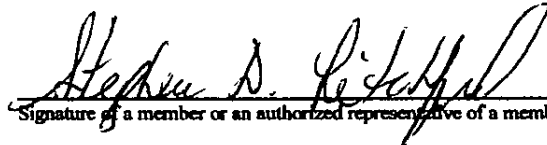
MGR

Stephen D. Litchford
84 Castle Court
Maggie Valley, NC 28751

MGR

Timothy E. Litchford
1017 Ogden Ave.
Western Springs, IL 60558

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

Stephen D. Litchford

Typed or printed name of signer

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