

L700004071

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CUMMINGS & LOCKWOOD, LLC
Account Number : 102336001100
Phone : (239) 649-3101
Fax Number : (239) 430-3344

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jeff.lutz1@yahoo.com

FLORIDA LIMITED LIABILITY CO.
Lutz & Associates LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA
FILED
17 FEB 22 AM 8:35

**ARTICLES OF ORGANIZATION
OF
LUTZ & ASSOCIATES LLC**

ARTICLE I

Name

The name of this limited liability company is Lutz & Associates LLC (the "Company").

ARTICLE II

Address

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

1646 Ludlow Road
Marco Island, FL 34145

ARTICLE III

Purpose

The purpose for which the Company is organized is for any and all lawful business as a limited liability company.

ARTICLE IV

Duration

The period of duration for the Company is perpetual.

ARTICLE V

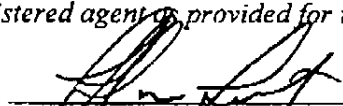
Registered Office and Agent

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

Jeffrey N. Lutz
1646 Ludlow Road
Marco Island, FL 34145

FILED
17 FEB 22 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



Jeffrey N. Lutz

ARTICLE VI
Management

The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the initial manager of the Company are:

Jeffrey N. Lutz
1646 Ludlow Road
Marco Island, FL 34145

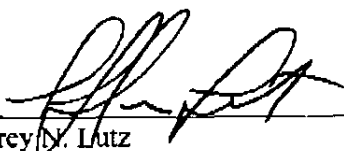
ARTICLE VII
Limitation on Agency Authority of Members

Pursuant to section 605.04074, Florida Statutes, no member of the Company shall be an agent of the Company for the purpose of its business solely by virtue of being a member, and no member may bind the Company by taking any action solely by virtue of being a member.

ARTICLE VIII
Written Operating Agreement

Any Operating Agreement entered into by the members of the Company, and any amendments or restatements thereof, shall be in writing. No oral agreement among any of the members or managers of the Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, any written operating agreement of the Company, as amended and in existence from time to time.

Dated February ____, 2017.



Jeffrey N. Lutz
Authorized Representative

(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.)

3328486

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Matthew Schulman
Address: 8023 Snowy Egret Place
Bradenton, FL 34202

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Matthew Schulman
Address: 8023 Snowy Egret Place
Bradenton, FL 34202

ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the 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.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X _____ 02/22/17
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

X _____ 02/22/17
Required Signature/Incorporator Date