## L17000090453

| (Req                      | uestor's Name)   | <u>.</u>    |
|---------------------------|------------------|-------------|
| (Add                      | ress)            |             |
| (Add                      | ress)            |             |
| (City,                    | /State/Zip/Phone | e #)        |
| PICK-UP                   | WAIT             | MAIL        |
| (Bus                      | iness Entity Nar | me)         |
| (Doc                      | ument Number)    |             |
| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F | iling Officer:   |             |
|                           |                  |             |
|                           |                  |             |
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DEPARTMENT OF STATE

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## COVER LETTER

| TO: New Filing Section Division of Corporations  |
|--|
| SUBJECT: Louwsma Limited 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:  |
| Lauri Louisona<br>Name of Person   |
| Firm/Company   |
| 1309 Manor House Drie<br>Address  Tallahassee, FL 32312  City/State and Zip Code  Idlouwsma @ embargmail.com   |
| 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:  |
| S125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301         |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  |
|--|
| The name of the Limited Liability Company is:  |
| (Must contain 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: Mailing Address:   |
| 1309 Manon House   |
| 1309 Manon House  Drive  Tallahassee, FL 37312   |
| 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:   |
| Lauri Laurema<br>Name  |
| Florida street address (P.O. Box NOT acceptable)   |
| Tallahassee FL 32312 City State Zip  |
| 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S., |
|  |
| Registered Agent's Signature (REQUIRED)  |
|  |

(CONTINUED)

| Title: "AMBR" = Authorized Member "MGR" = Manager  | Name and Address:   |
|--|---|
| MCIZ   | Lauri Louisma<br>1309 Mana House  |
|  | Tellahusser, Te 32312   |
|  |   |
| (Use attachment if necessary)  |   |
| ICLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)  | es not meet the applicable statutory filing requirements, this date will not be list                            |
| ICLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)  E: If the date inserted in this block document's effective date on the Department.  | es not meet the applicable statutory filing requirements, this date will not be list                            |
| ICLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)  E: If the date inserted in this block doe document's effective date on the Departicle VI: Other provisions, if any.  REOUIRED SIGNATURE:  | es not meet the applicable statutory filing requirements, this date will not be list timent of State's records. |
| ICLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)  E: If the date inserted in this block doctocument's effective date on the Departicle VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of This document is I am aware that as | es not meet the applicable statutory filing requirements, this date will not be list timent of State's records. |

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)