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SECRETARY OF STATE
ALLAHASSEE, FIORIE,



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: LRP LIFESTYLES LLC Name of Limited Liability Company
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:
LAWRENCE R PETIOWANY Name of Person
Name of Person
LRP Lifestyles LLC Firm/Company
Firm/Company
711 PALM AVE Address
Address
TARPON SPRINGS, FL 34689 City/State and Zip Code
PARADISEOFFICIALAPPAREL @ SMAIL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LAWRENCE PETLOWAWYAL 727 642-0604
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \] \$155.00 Filing Fee & \text{Certified Copy} \\ (additional copy is enclosed) \$160.00 Filing Fee, \text{Certificate of Status & Certified Copy} \\ (additional copy is enclosed)
Molling Adduses Street Address

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

A	R	T	CI	Æ	1	_	N	ame	:
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The name of the Limited Liability Company is:

LRP Lifestyles LLC

Tust 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:

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:

LAWRENCE R PETLOWANY

7/1 PALM AVE
Florida street address (P.O. Box NOT acceptable)

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..

Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:				
"MGR" = Manager	1				
MgR	LAWRENCE & PETLOWANY 711 PALM AVE TARPON SPRINGS, FL 34689				
	TARPON SPRINGS FL 34689				
(If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does no	ate of filing:				
the document's effective date on the Departme	nt of State's records.				
ARTICLE VI: Other provisions, if any.					
REQUIRED SIGNATURE:					
MAZGINED SIGNATURE.					
This document were	member or an authorized representative of a member. Suted in accordance with section 605.0203 (1) (b), Florida Statutes.				
I am aware that any fa	lse information submitted in a document to the Department of State				
constitutes a third deg	ree felony as provided for in s.817.155, F.S.				

Filing Fees:

LAWRENCE R. PETLOWANY
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

FILED TO JUN 20 PH 12: 20 TALLAHASSEE, FLORIDA