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SECRETARY OF STATE LLAHASSEE. FLORID

AUG - 6 2018

FILED

COVER LETTER

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	ew Filing Section ivision of Corporations				
CUBICCT	Lennox Strategies, LLC				
SUBJECT		Limited Liability Company			
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.			
Please retu	rn all correspondence concerning this	matter to the following:			
	William J. Lennox, Jr.				
		Name of Person			
	Lennox Strategies, LLC				
	Firm/Company				
	10521 Bermuda Isle Drive				
	Address				
	Tampa, FL 33647				
	bill.lennox71@gmail.com	City/State and Zip Code			
<u>-</u>	-	ed for future annual report notification	u)		
For further in	nformation concerning this matter, ple	ase call:			
	Bill Lennox	845 238-4529			
	Name of Person	Area Code Daytime Telephone N	lumber		
Enclosed is	a check for the following amount:				
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & 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 Corporation Clifton Building 2661 Executive Center (

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

* The name of the Limited Liability Company is:

Lennox Strategies	, LLC			
(Must con	tain the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	address of the principal of	office of the Li	mited Liability Company is:	
Princip	Principal Office Address:		Mailing Address:	
10521 Bermuda Isle Drive			10521 Bermuda Isle Drive	
Tampa, FL 33647			Tampa, FL 33647	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration address of the registered	n Registered A on.) d agent are:	Agent's Signature: gent. You must designate an indivi	dual or
	William J. Lennox.	<u>Jr.</u> Name		A X
	10521 Pormudo Iol			ARY
	10521 Bermuda Isle Drive Florida street address (P.O. Box NOT acceptable)			<u> </u>
	Tampa	· FL	 33647	FLOJ
	City	State	Zip	RIDA
place designated in this certificate further agree to comply with the p	r. I hereby accept the app provisions of all statutes r bligations of my position	pointment as re elating to the p as registered o	for the above stated limited liability gistered agent and agree to act in to proper and complete performance of igent as provided for in Chapter 60 Signature (REQUIRED)	his capacity. 1 f my duties, and I

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager William J. Lennox, Jr. AMBR 10521 Bermuda Isle Drive Tampa, FL 33647 (Use attachment if necessary) ARTICLE V: 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 business days prior to or 90 days after the date of 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. ARTICLE VI: Other provisions, if any.

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.

William J. Lennox, Jr.

Typed or printed name of signee

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)