



Wayne C. Buckwalter
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August 28, 2018

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

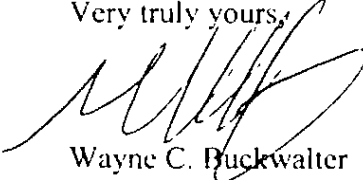
Re: 7996 Lostshakerofsalt, LLC

Dear Sir/Madam:

Enclosed for filing please find Articles of Organization regarding the above referenced limited liability company, together with your Cover Letter form and this firm's check in the amount of \$125.00 representing your filing fee.

Should you have questions or require additional information, please contact me. Thank you.

Very truly yours,



Wayne C. Buckwalter

WCB:mn
Enclosures

cc: Marcia Kennet
Edward Kennet

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 7996 Lostshakerofsalt, 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:

Wayne C. Buckwalter, Esquire
Name of Person

Cohen Seglias Pallas Greenhall & Furman, PC
Firm/Company

30 South 17th Street, 19th Fl
Address

Philadelphia, PA 19103
City/State and Zip Code

wbuckwalter@cohenseglias.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wayne C. Buckwalter, Esq. at (215) 564-1700
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

7996 Lostshakerofsalt, LLC

(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:

2341 Danfield Way

Macungie, PA 18062

2341 Danfield Way

Macungie, PA 18062

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:

Pamela Ramsay

Name

1310 Gillespie Drive N

Florida street address (P.O. Box **NOT** acceptable)

Palm Harbor

FL

34684

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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Pamela Ramsay
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 AUG 31 PM 2:03
DIVISION OF ORGANIZATION

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Pamela Ramsay
1310 Gillespie Drive N
Palm Harbor, FL 34684

(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:

Pamela Ramsay

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.

Pamela Ramsay

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)

DEPARTMENT OF STATE
 DIVISION OF CORPORATION
 18 AUG 31 PM 2:03
 TALLAHASSEE, FLORIDA