## 1800288901

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special lastrusting to Filip Office.
Special Instructions to Filing Officer:

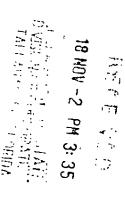
Office Use Only



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2010 NOV -2 FIT 4: 22

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L. P. Stands for LAKE POINT

Tunderstand that my 2. P. abbreviation

doesn't stand for any Corporate abbreviation

Charity Mosey

## COVER LETTER

TO: New Filing Section Division of Corporations	er gran
SUBJECT: L. P. LOGGING 2LC  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:	
Charity Mosley  Name of Person	
	-
1893 Lare Road	-
Monticello, Fl. 32344  City/State and Zip Code  Fantastie adventure, 2525 & E-mail address: (to be used for future annual report notification)	gmall.com
For further information concerning this matter, please call:	
(har. +y musley at (850) 363-2988  Namo 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  Certificate of Status  (additional copy is enclosed)  S160.00 Filing Fee & Certificate of Status  Certified Copy  (additional copy is enclosed)	
Mailing Address Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	•
ARTICLE II - Address: The mailing address and street address of the principal office o	of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1893 Lake Road	1893 Lake Road	
montice 110, Fl.	Montice 110 to	

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:

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Charity mosley

1893 Lake Road

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

Monticello Fl. 32344

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.

(CONTINUED)

PILED 2010 NOV -2 FN 4:22 AFTAHASSEE FLORIS

Title:	Name and Address:	
"AMBR" = Authorized Member	m /	
"MGR" = Manager $200 G I$	Charity Mosley	
	1893 LAKE ADON	
	monticello, -14, 32344	
		,
(Use attachment if necessary)		
effective date is listed, the date must b	date of filing:	
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