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TO: New Filing Section
Division of Corporations

- 1 Ta

| SUBJECT | Lex Lenard, LLC |
|----------------|---|
| | Name of Limited Liability Company |
| The enclos | ed Articles of Organization and fee(s) are submitted for filing. |
| Please retu | rn all correspondence concerning this matter to the following: |
| | Alexander N. Lenard |
| | Name of Person |
| | Lex Lenard, LLC |
| | Firm/Company |
| | 733 US Highway #1 |
| | Address |
| | North Palm Beach, Florida 33408 |
| | City/State and Zip Code aldamar1970@gmail.com |
| _ | E-mail address: (to be used for future annual report notification) |
| For further in | nformation concerning this matter, please call: |
| | Alexander N. Lenard 561 818-8444 at () |
| | Name of Person Area Code Daytime Telephone Number |
| Enclosed is | a check for the following amount: |
| \$125.00 Fi | S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certificate of Status S155.00 Filing Fee & Certificate of Status & 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 1 - Name: The name of the Limited Liability Company is: | | | д. ў ¹ - 1 | EH 20 48 | |
|--|---|--|---|-----------------------------------|--|
| | | | 19 JUL 12 | CSA . | |
| Lex Lenard, LLC | | | | | |
| (Must contai | n the words "Limited Li | ability Comp | any, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and street add | lress of the principal off | ice of the Lin | nited Liability Company is: | | |
| | Office Address: | | Mailing Address: | | |
| 733 US Highway I | | | 733 US Highway 1 | | |
| North Palm Beach, Florida 33408 | | | North Palm Beach, Florida 33408 | | |
| - | | | - | | |
| another business entity with an ac The name and the Florida street ac | tive Florida registration. Idress of the registered a Alexander N. Lenard | gent are: | ent. You must designate an individ | uai Oi | |
| | 1 | Name | | | |
| | 733 US Highway #1 | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | | |
| | North Palm Beach | Florida | 33408 | | |
| | City | State | Zip | | |
| laving been named as registered ag place designated in this certificate. I urther agree to comply with the pro um familiar with and accept the obli | hereby accept the appoistisions of all statutes rela gations of my position as | ntment as regi iting to the pr registered ag | istered agent and agree to act in thi oper and complete performance of | s capacity, T my duties, and F | |

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company; 19 JUL 12 Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager MGR Alexander N. Lenard 733 US Highway #1 North Palm Beach, Florida 33408 AMBR Valerie Rawicz 277 Florence Drive Jupiter, Florida 33458 (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.

Filing Fees:

Typed or printed name of signee

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

Alexander N. Lenard

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)