L20000096923

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

2020 MAR -6 AM 7:41

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(((H20000076089 3)))

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

4/6/20 we FAXED this Filing on 3/6/20 And have not Received confirmation Please proceed to File + provide 3/6/2020 as the Filing Date thank you, please call if you have questions.

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.
LEMM ENTERPRISES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$125.00

Attached is the Success Fax confirmation Report

4 pages FAXED

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Fax Confirmation Report

Date & Time	: MAR-06-2020 02:55PM FRI
Fax Number	: 302-575-1642
Fax Name	: Williams Law Firm
Model Name	: WorkCentre 4260

Total Pages Scanned: 3

No.	Remote Station	StartTime	Duration	Page	Mode	Job Type	Result
001	18506176381	03-06 02:53PM	00'54	003/003	EC	HS	Success

Abbreviations:

HS:Host Send	PL:Polled Local	EC:Error Correct	TS:Terminated by System
HR:Host Receive	PR:Polled Remote	MP:Mailbox Print	RP:Report
WS:Waiting Send	MS:Mailbox Save	TU:Terminated by User	G3:Group3

Division of Corporations Page 1 of 2

Florida Department of State
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To:

Division of Corporations
Fax Number : [illegible]

From:

Account Name : [illegible] CORPORATIONS, INC
Account Number : [illegible]
Phone : [illegible]
Fax Number : [illegible]

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

LEMM ENTERPRISES LLC

Certificate of Status	0
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https://efile.sunbiz.org/scripts/efilcovr.exe 3/6/2020

H20000076089 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

LEMM ENTERPRISES LLC
(Must end with 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:
1310 SE 33rd Terrace
Cape Coral, FL 33904

Mailing Address:
1310 SE 33rd Terrace
Cape Coral, FL 33904

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:

AGENTS AND CORPORATIONS, INC.
Name

300 FIFTH AVENUE SOUTH SUITE 101-330
Florida street address (P.O. Box NOT acceptable)

NAPLES City FL 34102 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..

Agents and Corporations, Inc.

By: Jeannette LaVecchia
Registered Agent's Signature (Required)
Jeannette LaVecchia, Asst. Secretary

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FL

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:
Michael Lemm
1310 SE 33rd Terrace
Cape Coral, FL 33904

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Michael Lemm
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)