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(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

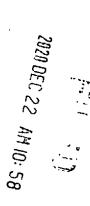
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COVER LETTER

	lew Filing Sec Division of Co					
SUBJECT	Laurel Lai					
SUBJECT		Name	e of Lin	nited Liabili	ty Company	
The enclos	sed Articles of	Organization and fo	ee(s) are	e submitted	for filing.	
Please retu	ım all corresp	ondence concerning	this ma	atter to the fo	ollowing:	
	Tom Mims					
		··· .		Name of	Person	
	T. Mims Co	rp.				
				Firm/Cor	npany	···
	439 South F	lorida Avenue, Suit	e 202			
				Addre	ess	
	Lakeland, F	lorida 33801				
			Ci	ity/State and	l Zip Code	
	tom@tmimsc					
	1	E-mail address: (to b	e used	for future as	nnual report notificat	ion)
For further i	nformation co	ncerning this matter	, please	call:		
	Ryan Moon		22 at (25	376-0295	
	Nam	e of Person		rea Code	Daytime Telephor	ne Number
Enclosed is	s a check for the	he following amoun	t:			
≣\$125.00) Filing Fee	□\$130.00 Filing Certificate of Sta		Certifie	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailin	g Address		9	Street Address	

New Filing Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address</u> New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC	LE 1 - Name:						
	ne of the Limited Liabil	ity Company is:					
	Laurel Lakes, LLC						
		tain the words "Limited	d Liability Compa	nny, "L.L.C.," or "LLC.")			
A DTIC				,, ,, ,,			
-	LE II - Address: ling address and street :	address of the mineral	affina af tha Li-	ited Liability Company is:			
The man	mig address and succt a	iduless of the principal	office of the Lim	ited Liability Company is:			
	Princip	oal Office Address:		Mailing Ac	idress:		
	439 South Florida A	venue, Suite 202		139 South Florida Avenue	Suite 202		
Lakeland, Florida 33801				Lakeland, Florida 33801			
							
(The Lim another l	uted Liability Company business entity with an	active Florida registrati	n Registered Age on.)	nt. You must designate an	individual	or	
I he name	and the Florida street	address of the registere	d agent are:			2020	
		T. Mims Corp.)0 D	
			Name			DEC	; t
		439 South Florida A	venue Suite 202		•	22	
		Florida street addres				₽	ا - ر
				L	-	AH 10:	الوزيدا
		Lakeland	<u> Florida</u>	33801	7	Ω ∴	
		City	State	Zip		œ	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Tade:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	T. Mims Corp.
	439 South Florida Avenue, Suite 202
	Lakeland, Florida 33801
	
(Use attachment if necessary)	of filing: (OPTIONAL)
(If an effective date is listed, the date must be spe the date of filing.)	ecific and cannot be more than five business days prior to or 90 days after neet 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:	
	- Min
(B-	- // line
Signature of a me This document is execut I am aware that any false	embér or an authorized representative of a member. led in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State
constitutes a third degree	e felony as provided for in s.817.155, F.S.
Tom Mims	m 1 1
	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)