

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L21000306364  
FILED 8:00 AM  
July 06, 2021  
Sec. Of State  
jafason**

**Article I**

The name of the Limited Liability Company is:

LUCY LOU LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

320 PRATHER DRIVE  
FORT MYERS, FL. US 33919

The mailing address of the Limited Liability Company is:

320 PRATHER DRIVE  
FORT MYERS, FL. US 33919

**Article III**

The name and Florida street address of the registered agent is:

MICHAEL HAGEN  
5290 SUMMERLIN COMMONS WAY  
STE 1003  
FORT MYERS, FL. 33907

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.

Registered Agent Signature: MICHAEL HAGEN

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
JOHN R WAGNER  
320 PRATHER DRIVE  
FORT MYERS, FL. 33907 US

Title: AMBR  
CAROL L WAGNER  
320 PRATHER DRIVE  
FORT MYERS, FL. 33907

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### **Article V**

The effective date for this Limited Liability Company shall be:

07/02/2021

Signature of member or an authorized representative

Electronic Signature: JOHN R. WAGNER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.