LA 1000 30744A

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phoni	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	



900368851699

07/01/21--01005--019 **160.00

2621 JUL - 1 777 C: 55

COVER LETTER

то:	New Filing See Division of Co							
ette ti	Lucas Unit	ed, LLC						
SUBJI	ECT:	Nam	e of Limi	ited Liabi	lity Company			
The en	nclosed Articles of	Organization and t	fe e (s) are	submitted	i for filing.			
Please	return all correspo	ondence concerning	g this mat	ter to the	following:			
	Matthew R.	Lucas						
				Name o	f Person			_
	Lucas Unite	d, LLC						
			_	Firm/Co	ompany		۴	202
	4548 Lake F	orest Drive					* ; * 1 **	2021 JUL
			· · · · · · · · · · · · · · · · · · ·	Add	ress		1	
	Owensboro,	KY 42303					•	
			Cit	ty/State as	nd Zip Code			_ co
		franchisingcompan				 		_ _
		E-mail address: (to	be used f	for future	annual report notificati	ion)		
For furt	her information co	ncerning this matte	r, please	call:				
	Matthew Luc	eas	270 at ()	993-4960			
	Nam	e of Person	Are	ea Code	Daytime Telephon	e Number		
Enclos	sed is a check for t	he following amou	nt:					
□\$12	5.00 Filing Fee	□\$130.00 Filin Certificate of St		Certif	i5.00 Filing Fee & ied Copy nat copy is enclosed)	■\$160.00 Certificate Certified C (additional co	of Status opy	&
	New F Divisi P.O. E	ng Address illing Section on of Corporations fox 6327 assee, FL 32314			Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Lucas United, LLC			
(Must cont	ain the words "Limited Li	iability Company.	"L.L.C.," or "LLC.")
RTICLE II - Address: ne mailing address and street a	ddress of the principal off	fice of the Limited	Liability Company is:
Princip	al Office Address:		Mailing Address:
USOO Corough Circle	n	454	8 Lake Forest Drive
11200 Caraver Cher			
11500 Caravel Circle Bldg. 4, # 4024 Ft. Myers, FL 3390			ensboro, KY 42303
Bldg. 4, # 4024 Ft. Myers, FL 3390	3	Ow	
Bldg. 4, # 4024 Ft. Myers, FL 33903 RTICLE III - Registered Ag the Limited Liability Compan	8 ent, Registered Office, & y cannot serve as its own F	Ow Registered Age Registered Agent.	nt's Signature:
Bldg. 4, # 4024 Ft. Myers, FL 33909 RTICLE III - Registered Ag the Limited Liability Company tother business entity with an	8 ent, Registered Office, & y cannot serve as its own F active Florida registration	Ow Registered Age Registered Agent.	nt's Signature:
Bldg. 4, # 4024 Ft. Myers, FL 33909 RTICLE III - Registered Ag the Limited Liability Company tother business entity with an	8 ent, Registered Office, & y cannot serve as its own F active Florida registration	Ow Registered Age Registered Agent.	nt's Signature:
Bldg. 4, # 4024 Ft. Myers, FL 33909 RTICLE III - Registered Ag the Limited Liability Company tother business entity with an	ent, Registered Office, & cannot serve as its own Factive Florida registration address of the registered a	Ow Registered Age Registered Agent.	nt's Signature:
Bldg. 4, # 4024 Ft. Myers, FL 33903 RTICLE III - Registered Ag	ent, Registered Office, & cannot serve as its own Factive Florida registration address of the registered a	Owe Registered Agent. Registered Agent. agent are:	
Bldg. 4, # 4024 Ft. Myers, FL 33909 RTICLE III - Registered Ag the Limited Liability Company tother business entity with an	ent, Registered Office, & cannot serve as its own Factive Florida registration address of the registered a Matthew R. Lucas	Registered Agent. i.) agent are: Name Bldg. 4, # 4024	nt's Signature: You must designate an individual o
Bldg. 4, # 4024 Ft. Myers, FL 33909 RTICLE III - Registered Ag the Limited Liability Company tother business entity with an	ent, Registered Office, & cannot serve as its own Factive Florida registration address of the registered a Matthew R. Lucas	Registered Agent. i.) agent are: Name Bldg. 4, # 4024	nt's Signature: You must designate an individual o

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)

2021 JUL - 1 6" 8:5

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager			
MOR = Manager			
Ŭ			
MGR	Matthew R. Lucas		
	4548 Lake Forest Drive		
	Owensboro, KY 42303		_
AMGR	Jennifer L. Lucas		
- AMOR	4548 Lake Forest Drive		
	Owensboro, KY 42303		
			
Use attachment if necessary)			
ose imaeiment it necessary			
filing.) he date inserted in this block does not n	ecific and cannot be more than five business days neet the applicable statutory filing requirements, this of State's records.		
filing.) he date inserted in this block does not n tent's effective date on the Department (neet the applicable statutory filing requirements, thi		
filing.) he date inserted in this block does not n tent's effective date on the Department (neet the applicable statutory filing requirements, thi		
filing.) he date inserted in this block does not n ent's effective date on the Department (neet the applicable statutory filing requirements, thi		
filing.) he date inserted in this block does not n tent's effective date on the Department (neet the applicable statutory filing requirements, thi		
filing.) he date inserted in this block does not nent's effective date on the Department of VI: Other provisions, if any,	neet the applicable statutory filing requirements, thi		
filing.) he date inserted in this block does not nearly seffective date on the Department of VI: Other provisions, if any,	neet the applicable statutory filing requirements, thi		
filing.) the date inserted in this block does not nent's effective date on the Department of VI: Other provisions, if any, REQUIRED SIGNATURE:	neet the applicable statutory filing requirements, thi of State's records.	s date wi	
filing.) the date inserted in this block does not neptrice of the Department of the Other provisions, if any, EQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this of State's records.	s date wi	II not
filing.) the date inserted in this block does not nent's effective date on the Department of VI: Other provisions, if any. ECOURED SIGNATURE: Signature of a me This document is execut 1 am aware that any false	meet the applicable statutory filing requirements, this of State's records. mber or an authorized representative of a member	s date wi	II not
filing.) the date inserted in this block does not nent's effective date on the Department of VI: Other provisions, if any. ECOURED SIGNATURE: Signature of a me This document is execut 1 am aware that any false	meet the applicable statutory filing requirements, this of State's records.	s date wi	II not
he date inserted in this block does not nent's effective date on the Department of VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a me This document is execut 1 am aware that any false constitutes a third degree	mber or an authorized representative of a member of an authorized representative of a member of an accordance with section 605.0203 (1) (b), Floranton submitted in a document to the Department of the provided for in s.817.155, F.S.	s date wi	II not
filing.) the date inserted in this block does not nent's effective date on the Department of VI: Other provisions, if any. ECOURED SIGNATURE: Signature of a me This document is execut 1 am aware that any false	mber or an authorized representative of a member of an authorized representative of a member of an accordance with section 605.0203 (1) (b), Floranton submitted in a document to the Department of the provided for in s.817.155, F.S.	s date wi	II not
he date inserted in this block does not nent's effective date on the Department of VI: Other provisions, if any, Signature of a me This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member of an authorized representative of a member of an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florinformation submitted in a document to the Department of	s date wi	II not
filing.) he date inserted in this block does not nent's effective date on the Department of VI: Other provisions, if any, REOURED SIGNATURE: Signature of a me This document is execut 1 am aware that any false constitutes a third degree Matthew R, Lucar	mber or an authorized representative of a member of an authorized representative of a member in accordance with section 605.0203 (1) (b), Flow information submitted in a document to the Department of the Depart	s date wi	II not
filing.) he date inserted in this block does not nent's effective date on the Department of VI: Other provisions, if any, REOURED SIGNATURE: Signature of a me This document is execut I am aware that any false constitutes a third degree Matthew R, Lucar	mber or an authorized representative of a member of an authorized representative of a member of an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florinformation submitted in a document to the Department of	s date wi	II not
Filing.) the date inserted in this block does not nement's effective date on the Department of VI: Other provisions, if any, REOURED SIGNATURE: Signature of a me This document is execut I am aware that any false constitutes a third degree Matthew R, Lucar \$125.00 Filing Fee for Articles of Org \$30.00 Certified Copy (Optional)	mber or an authorized representative of a member of an authorized representative of a member in accordance with section 605.0203 (1) (b), Florinformation submitted in a document to the Departer felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent	s date wi	II not
filing.) he date inserted in this block does not nent's effective date on the Department of VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false constitutes a third degree Matthew R, Lucar \$125.00 Filing Fee for Articles of Org \$30.00 Certified Copy (Optional)	mber or an authorized representative of a member of an authorized representative of a member in accordance with section 605.0203 (1) (b), Florinformation submitted in a document to the Departer felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent	s date wi	II not
he date inserted in this block does not nent's effective date on the Department of VI: Other provisions, if any, REOUIRED SIGNATURE: Signature of a me This document is execut 1 am aware that any false constitutes a third degree Matthew R, Lucie S125.00 Filing Fee for Articles of Org	mber or an authorized representative of a member of an authorized representative of a member in accordance with section 605.0203 (1) (b), Florinformation submitted in a document to the Departer felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent	s date wi	II not

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Lucus United, LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "L.L.C.,"
The mailing address and street address of the principal office	at the finnien finantis condens in
Principal Office Address:	Mailing Address:
Principal Office Address:	
Principal Office Address:	Mailing Address:

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

another business entity with an active Florida registration.)

Matthew R. Lucas		
	Name	
11500 Caravel Circl	e, Bldg. 4, # 4024	
	ss (P.O. Box <u>NOT</u> ac	rceptable)
Fr. Myers	FL	33908
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 JUL - 1 A. 8:55

ARTICLE IV-

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

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	Matthew R. Lucas 4548 Lake Forest Drive Owensboro, KY 42303		
	4548 Lake Forest Drive	_	
	Owensooro, K1 42303		
AMGR	Jennifer L. Lucas 4548 Lake Forest Drive		
	Owensboro, KY 42303		
	One management of the second o		
	·		
		_	
the areahment (Capacacary)			
ctive date is listed, the date must i	e date of filing:	rior to o	
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart	be specific and cannot be more than five business days p not meet the applicable statutory filing requirements, this	rior to o	
EV: Effective date, if other than the ctive date is listed, the date must f filing.) the date inserted in this block does nent's effective date on the Departs VI: Other provisions, if any.	be specific and cannot be more than five business days p not meet the applicable statutory filing requirements, this ment of State's records.	rior to oi	not b
EV: Effective date, if other than the ctive date is listed, the date must f filing.) the date inserted in this block does nent's effective date on the Departs VI: Other provisions, if any.	be specific and cannot be more than five business days p not meet the applicable statutory filing requirements, this	rior to oi	not b
EV: Effective date, if other than the ctive date is listed, the date must f filing.) the date inserted in this block does nent's effective date on the Departs VI: Other provisions, if any.	be specific and cannot be more than five business days p not meet the applicable statutory filing requirements, this ment of State's records.	rior to oi	not be
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does ment's effective date on the Depart VI: Other provisions, if any.	be specific and cannot be more than five business days p not meet the applicable statutory filing requirements, this ment of State's records.	rior to oi	not be
EV: Effective date, if other than the ctive date is listed, the date must f filing.) the date inserted in this block does nent's effective date on the Departs VI: Other provisions, if any.	be specific and cannot be more than five business days p not meet the applicable statutory filing requirements, this ment of State's records.	rior to oi	not b
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does ment's effective date on the Departity VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days p not meet the applicable statutory filing requirements, this ment of State's records.	date will	not b
E.V: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does ment's effective date on the Depart. E.VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days p not meet the applicable statutory filing requirements, this ment of State's records.	date will	2
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does ment's effective date on the Departity VI: Other provisions, if any. REOURED SIGNATURE: Signature of This document is a	be specific and cannot be more than five business days p not meet the applicable statutory filing requirements, this ment of State's records. Ta member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Flori	date will	2021
EV: Effective date, if other than the ctive date is listed, the date must f filing.) the date inserted in this block does ment's effective date on the Depart. EVI: Other provisions, if any. Signature of This document is entire that any aware that any	be specific and cannot be more than five business days p not meet the applicable statutory filing requirements, this ment of State's records. The anisotropic and authorized representative of a member executed in accordance with section 605.0203 (1) (b), Floring false information submitted in a document to the Departness of the section of the section of the section of the departness of the section of the s	date will	2021
EV: Effective date, if other than the ctive date is listed, the date must f filing.) the date inserted in this block does ment's effective date on the Depart. EVI: Other provisions, if any. Signature of This document is entire that any aware that any	be specific and cannot be more than five business days p not meet the applicable statutory filing requirements, this ment of State's records. Ta member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Flori	date will	2021
EV: Effective date, if other than the ctive date is listed, the date must if filing.) the date inserted in this block does ment's effective date on the Departic VI: Other provisions, if any. REOURED SIGNATURE: Signature of This document is elam aware that any constitutes a third of	be specific and cannot be more than five business days p not meet the applicable statutory filing requirements, this ment of State's records. The amember of an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Flority false information submitted in a document to the Departm degree felony as provided for in \$817.155, F.S.	date will date will date will da Status ent of St	2021
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart. EVI: Other provisions, if any. Signature of This document is enabled that any aware that any	be specific and cannot be more than five business days p not meet the applicable statutory filing requirements, this ment of State's records. The member of an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Flority false information submitted in a document to the Departm degree felony as provided for in \$.817.155, F.S. Lucas	date will	2021
EV: Effective date, if other than the ctive date is listed, the date must if filing.) the date inserted in this block does nent's effective date on the Departic VI: Other provisions, if any. REOURED SIGNATURE: Signature of This document is elam aware that any constitutes a third of	be specific and cannot be more than five business days p not meet the applicable statutory filing requirements, this ment of State's records. The amember of an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Flority false information submitted in a document to the Departm degree felony as provided for in \$817.155, F.S.	date will date will date will da Status ent of St	2021
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does ment's effective date on the Depart. EVI: Other provisions, if any. Signature of This document is a Lam aware that any constitutes a third of Matthew R.	be specific and cannot be more than five business days p not meet the applicable statutory filing requirements, this ment of State's records. Ta member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Flori or false information submitted in a document to the Departn degree felony as provided for in s.817.155, F.S. Lucas Typed or printed name of signee Fiting Fees:	date will date will date will da Status ent of St	2021 JUL - A:
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does ment's effective date on the Depart. EVI: Other provisions, if any. Signature of This document is a Lam aware that any constitutes a third of Matthew R.	be specific and cannot be more than five business days p not meet the applicable statutory filing requirements, this ment of State's records. Ta member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Flori or false information submitted in a document to the Departn degree felony as provided for in s.817.155, F.S. Lucas Typed or printed name of signee Fiting Fees:	date will date will date will da Status ent of St	2021
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does ment's effective date on the Depart. EVI: Other provisions, if any. Signature of This document is a Lam aware that any constitutes a third of Matthew R.	not meet the applicable statutory filing requirements, this ment of State's records. The amember of an authorized representative of a member executed in accordance with section 605.0203 (1) (b). Flority false information submitted in a document to the Departm degree felony as provided for in s.817.155. F.S. Lucas Typed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent	date will date will date will da Status ent of St	2021 JUL - 1 41 8: