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H210003649233ABC/

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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Email Address:_

FLORIDA LIMITED LIABILITY CO. LPJ MANAGEMENT & HOLDINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	LPJ Manager	nent & Hold	ings, LLC
(Must contain the	e words "Limitéd Liabi		
RTICLE II - Address:			
he mailing address and street address	s of the principal office	of the Limited	Liability Company is:
Principal Of	fice Address:		Mailing Address:
14556 Avenue Of The	Rushes	P.O	Box 784378
The Limited Liability Company cann	Registered Office, & Root serve as its own Reg	egistered Age	
ARTICLE III - Registered Agent, R The Limited Liability Company cann nother business entity with an active	Registered Office, & Root serve as its own Registration.)	egistered Age sistered Agent.	nt's Signature:
Winter Garden, FL 347 ARTICLE III - Registered Agent, R The Limited Liability Company cannuother business entity with an active	Registered Office, & Registered as its own Registration.)	egistered Ageristered Agent.	nt's Signature:
ARTICLE III - Registered Agent, R The Limited Liability Company cann mother business entity with an active	Registered Office, & Root serve as its own Registration.) The registered ago Leroy E	egistered Age sistered Agent.	nt's Signature:
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ARTICLE III - Registered Agent, R The Limited Liability Company cann mother business entity with an active The name and the Florida street addre	Registered Office, & Registered agree Florida registration.) ass of the registered agree Erroy E	egistered Agent. ent are: dwards III ame	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)

ARTICLE IV- The name and address of each per	son authorized to manage and control the Limited Liability Company	r:
Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR	Leroy Edwards III	
	P.O. Box 784378 Winter Garden; FL 34778	
AMBR	LPJ Blessings, LLC	
	P.O Box 784378 Winter Garden, Fl. 34778	
		
		
(Use attachment if necessary)		
CLE.V: Effective date, if other than	the date of filing; (CPTIONAL)	
CLEV: Effective date, if other than effective date is listed, the date mu	the date of filing: (CPTIONAL) st be specific and cannot be more than five business days prior to o	or 90 day
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