

L21000493016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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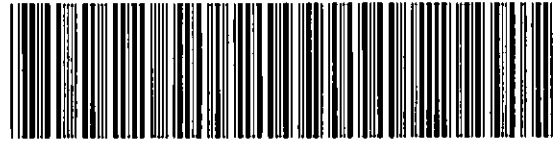
(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lastpenny LLC.

Signature _____

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
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____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
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____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
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____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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STATE

ARTICLES OF ORGANIZATION

OF

LASTPENNY LLC

The undersigned hereby certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges and immunities of limited liability companies for profit and hereby adopt the following Articles of Organization for such limited liability company:

**ARTICLE I
NAME AND PRINCIPAL OFFICE**

The name of this limited liability company is LASTPENNY LLC, and its principal office and mailing address is located at 33045 Lakeshore Drive, Tavares, FL 32778.

**ARTICLE II
DURATION**

The existence of this limited liability company shall be perpetual, commencing upon the filing of the Articles of Organization by the Florida Department of State.

**ARTICLE III
PURPOSE**

The purpose of this limited liability company is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV
MANAGER MANAGED**

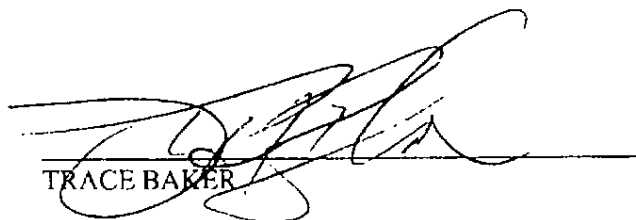
The limited liability company will be manager managed and the name and address of the manager authorized to manage and control the limited liability company is:

Manager: Trace Baker, whose address is 33045 Lakeshore Drive, Tavares, FL 32778

ARTICLE V
INITIAL REGISTERED OFFICE AND AGENT

The initial registered office of this limited liability company shall be located at 33045 Lakeshore Drive, Tavaras, FL 32778, and the initial registered agent of the limited liability company at that address shall be TRACE BAKER.

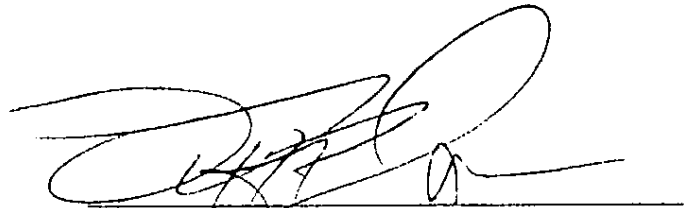
IN WITNESS WHEREOF, the undersigned, has executed these Articles of Organization for this limited liability company this 16 day of November, 2021.


TRACE BAKER

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

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.

Dated this 16 day of November, 2021.



TRACE BAKER
33045 Lakeshore Drive
Tavares, FL 32778

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