

L22000126482

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(Address)

(City/State/Zip/Phone #)

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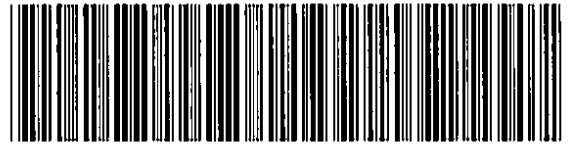
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**FLORIDA FILING & SEARCH SERVICES, INC.**

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**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 03/24/22

**NAME:** L.A.P PROCUREMENT & CONSULTING, LLC

**TYPE OF FILING:** ARTICLES

**COST:** 155.00

**RETURN:** CERTIFIED COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*a Hodge*

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2022 MAR 29 PM 2:08  
TALLAHASSEE, FLORIDA

March 25, 2022

FLORIDA FILING

SUBJECT: L.A.P. PROCUREMENT & CONSULTING, LLC  
Ref. Number: W22000039253

We have received your document for L.A.P. PROCUREMENT & CONSULTING, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Correct mailing address and Manager 777?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 322A00007104

*Please Keep Original File Dates*  
*Thank you!*

## COVER LETTER

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** L.A.P Procurement & Consulting, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brittany Dubaine

Name of Person

Firm/Company

1604 Cabbage Key Dr

Address

Ruskin, FL 33570

City/State and Zip Code

lesliepeer@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Doncette

770

876-3553

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

■ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee.  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRET  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is

L.A.P. Procurement & Consulting LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

1604 Cabbage Key Dr

Ruskin, FL 33570

**Mailing Address:**

1604 Cabbage Key Dr

Ruskin, FL 33570

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Brittany Duhaime

Name

1604 Cabbage Key Dr

Florida street address (P.O. Box **NOT** acceptable)

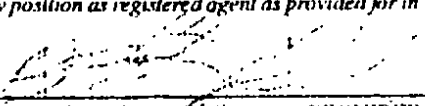
Ruskin, FL 33570

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Leslie Peer

1604 Cabbage Key Dr

Ruskin, FL 33570

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet 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:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Paul Doucette

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)**

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2002 MAR 24 AM 8:32  
CLERK OF COURT  
TALLAHASSEE, FL