

8/8/23, 11:23

Division of Corporations

L23000373581

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MILBERY & KESSELMAN CPAS, LLC
Account Number : 120180000053
Phone : (954)583-3223
Fax Number : (954)583-3259

2023 AUG -8 PM 3:35
CLERK OF STATE
MILBERY & KESSELMAN
CPAS, LLC

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SLYONS@LOCKTON.COM

RECEIVED

2023 AUG -8 PM 1:57

CORPORATIONS

FLORIDA LIMITED LIABILITY CO.
LYONFISH INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LYONFISH INVESTMENTS, 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:

SEAN T. LYONS

Name of Person

LYONFISH INVESTMENTS, LLC

Firm/Company

4600 GARDEN POINT TRAIL

Address

WELLINGTON, FL 33414

City/State and Zip Code

SLYONS@LOCKTON.COM

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

For further information concerning this matter, please call:

SEAN T. LYONS

954

612-2224

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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CLERK TARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LYONFISH INVESTMENTS, 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:Mailing Address:4600 GARDEN POINT TRAIL
WELLINGTON, FL 334144600 GARDEN POINT TRAIL
WELLINGTON, FL 33414

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:

SEAN T. LYONS

Name

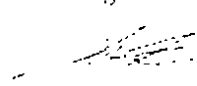
4600 GARDEN POINT TRAILFlorida street address (P.O. Box **NOT** acceptable)WELLINGTONFL33414

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)

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 SECRETARY OF STATE
 TALLAHASSEE, FL

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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

AMBRSEAN T LYONS3600 GARDEN POINT TRAILWELLINGTON, FL 33414MGRLORI LYNN SAWYER-LYONS3600 GARDEN POINT TRAILWELLINGTON, FL 33414

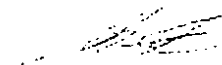
(Use attachment if necessary)

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.

SEAN T. LYONS

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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