# LV4000329848

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100432573501

# Incorporating Services, Ltd.

**incserv**<sup>o</sup> 1540 Glenway Drive

Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

## **ORDER FORM**

Florida Department of State TO

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

**FROM** Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 7/30/2024

**PRIORITY** Regular Approval

OUR REF\_#\_(Orde

**ORDER ENTITY** 

LFG HOLDING COMPANY OF FLORIDA, LLC

PLEASE PERFORM THE FOLLOWING SERVICES: LFG HOLDING COMPANY OF FLORIDA, LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:** 

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, July 30, 2024 Page 1 of 1

## COVER LETTER

	New Filing Se Division of Co			
erin rec	LFG Hold	ing Company of Florida, LI	.C	
SUBJECT: Name of Limited Liability Company				
The enete	osed Articles o	f Organization and fee(s) are	submitted for filing.	
Please ret	um all corresp	ondence concerning this ma	tter to the following:	
	Earl J. Luttr	ter		<b>.</b>
			Name of Person	TALLAHASSEE, FL
			Firm/Company	
	125 SE Via	Tesoro, Suite 204		O MM 9
			Address	7. i. 7
	Port St. Luc	ie, FL 34984		
	EStartare(	Ci @lfgco.com	ty/State and Zip Code	
		E-mail address; (to be used	for future annual report notificati	ion)
For further	information co	oncerning this matter, please	call:	
		at (	)	
	Nan		ea Code Daytime Telephon	e Number
Enclosed	is a check for t	he following amount:		
X \$125.0	0 Filing Fee	□S130.00 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)
		ng Address	Street Address	
New Filing Section Division of Corporations		New Filing Section Di The Centre of Tallaha		
	P.O. E	lox 6327	2415 N. Monroe Stre	et, Suite 810
	ranan	assec, FL 32314	Tallahassee, FL 3230	غ ا

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	r. I - ,\	ame:
The name	of the	Limit

ed Liability Company is:

LFG Holding Company of Florida, 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:

Principa)	Office Address:	Mailing Addres	<u>ss</u> :	
125 SE Via Tesoro, Suite 204		244 Boulevard of the Allies		
Port St. Lucie, FL 3498	4	Pittsburgh, PA 15222		_
another business entity with an acti The name and the Florida street add	nnot serve as its own Regi ive Florida registration.) dress of the registered agen	stered Agent. You must designate an indi	vidual of LATIASSI	
-	Earl J. Luttner		S.S.C	Þ
	Nar	ne	OF S	ÂH
	125 SE Via Tesoro, Suite :	204		:5
-	Florida street address (P.C	D. Box NOT acceptable)	Ħ	1,7

Port St. Lucie City State

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. Thereby 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.,

> /s/Earl J. Luttner Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:			
MGR	Earl J. Luttner 2125 SE Via Tesoro, Suite 204 Port St. Lucie, Ft. 34984			
	77. JUL 30			
<del></del>				
(Use attachment if necessary)				
If an effective date is listed, the date must be s he date of filing.)	te of filing:			
REQUIRED SIGNATURE:				
/s/Ear	rl J. Luttner			
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.				
Earl J. Luttner				
	Typed or printed name of signee			

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)