## L24000476555

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

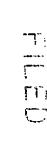




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TALLAHASSEE, FLORIDA



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
LFT ENterprise 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:	
5200 NW 33nd Ave  StE 200 AM 349  Fort. Lauderdale, Fl 33309  P.O. Box Lololo 942  Tompano Beach Fl. 33006	
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:	
TASHA SPAIN	
Name	
5200 N.W.33 nd Ave StE 200 Am 349 Florida street address (P.O. Box NOT acceptable)	
Fort Louderdal Fla. 33309	
City State Zip	
Registered Agent's Signature (REQUIRED)  Adving been named as registered agent and to accept service of process for the above stated limited liability company at the elace 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)	フートトラ
PM 4: 55 F STATE FLORIG	_

ARTICLE IV-

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

"AMBR" = Authorize "MGR" = Manager	rod Mambar
"MCP" = Manager	ed Welloci
•	101 6
AMBR	Asha Spain
	5200 NW 3320 Ave.
	StE 200 AM345
	Ft. Lauderdal E. Fl 33309
	· •
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	his block does not meet the applicable statutory filing requirements, this date will r on the Department of State's records.
E VI: Other provisions	ns, if any.
F. VI: Other provisions	ATURE:
-	ATURE:
REQUIRED SIGNA	ATURE:
REQUIRED SIGNA	ATURE:  Signature of a member or an authorized representative of a member 2
REQUIRED SIGNA	ATURE:  Signature of a member or an authorized representative of a member 2
REQUIRED SIGNA  This c	ATURE:
REQUIRED SIGNA  This c	Signature of a member or an authorized representative of a member document is executed in accordance with section 605.0203 (1) (b), Florida-Statute aware that any false information submitted in a document to the Department of Statutes a third degree felony as proyided for in \$817.155. F.S.
REQUIRED SIGNA  This c	Signature of a member or an authorized representative of a member document is executed in accordance with section 605.0203 (1) (b), Florida Statute aware that any false information submitted in a document to the Department of Statitutes a third degree felony as provided for in s.817.155, F.S.
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