2/6/25, 1:05 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000046532 3)))



H250000465323ABC.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BRINKLEY, MORGAN Account Number : 076077003213 : (954)522-2200

: (954)522-9123 Fax Number

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

pete.topalian@mcclabel.com Email Address:__

FLORIDA LIMITED LIABILITY CO.

Lameson LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

(H25000046532 3)

COVER LETTER

	New Filing Sec Division of Co				
CI:DIFC	Lameson L	LLC			
SUBJEC	li	Name	of Limited Lia	bility Company	
The enclo	osed Articles of	Organization and fee	(s) are submit	ted for filing.	
Please ret	urn all correspo	ondence concerning t	his matter to th	e following:	
	Peter F. Top	alian - c/o Mark A.	Levy		
			Name	of Person	
	Brinkley Mo	organ			
			Firm/	Company	
	100 SE Thir	d Avenue, 23 Floor			
		, "	A	idress	
	Fort Lauder	dale, FL 33394			
			City/State	and Zip Code	
		@mcclabel.com E-mail address: (to be	used for firm	re annual report notifica	tion)
For fluther	•	oncerning this matter,		,	··· ,
	Mark A. Lev		954	522-2200	
		ne of Person	at (Area Code) Baytime Telepho	ne Number
Enclosed	is a check for t	the following amount	:		
≘ \$125.0	00 Filing Fee	□\$130.00 Filing Certificate of Stat	us Cer	\$155.00 Filing Fee & rifled Copy fonal copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	
		Filing Section ion of Corporations		New Filing Section I The Centre of Tallal	
	P.O. 8	3ox 6327		2415 N. Monroe Str	eet, Suite 810
	Tallah	nassee, FL 32314		Tallahassee, FL 323	03

(H250000465323)

ARTICLE 1 - Name: The name of the Limited Lin	ibility Company is:		
Laineson LLC (Must	contain the words "Limited	Liability Company,	,"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	et address of the principal	office of the Limited	s Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
		670	NE Plantation Road
579 NE Plantatio	on Road	219	AP Clauration from
579 NE Plantation	n Road	Uni	1 409 South
Unit 409 South Stuart, FL 34996	5	Unil Stus	1409 South art, FL 34996
Unit 409 South Stuart, FL 34996	Agent, Registered Office, pany cannot serve as its own an active Florida registration	Uning Students on the Control of the Control of the Control on the Control of the Control on the	1 409 South art, FL 34996
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Unit 409 South Stuart FL 34996 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registere Peter F. Topalian	Mane Coad, Unit 409 South	1409 South art FL 34996 ut's Signature: You must designate an individual or

further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I um fumiliar 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)

(H25000046532 3)

AMBR Peter F. Topalian 579 NE Plantation Road, Unit 409 South Stuart, FL 34996 Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) filing.) The date is fixed, the date must be specific and cannot be more than five business days prior to or 90 days a filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records. VI: Other provisions, if any.	Use attachment if necessary) V: Effective date. if other than the date of filing: (OPTIONAL) (OPTIO	Use attachment if necessary) Use attachment if necessary) EV: Effective date, if other than the date of fifting: Little date is listed, the date must be specific and cannot be more than five business days prior to or 90 days: Liftlings, The date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listent's effective date on the Department of State's records. EVI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in secondance with section 605.0203 (1) (b). Florida Statutes. Lam aware that any false information submitted in a document to the Department of State.	Use attachment if necessary) E.V.: Effective date, if other than the date of filing: citive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days. (Iffing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records. EVI: Other provisions, if any. Signature of a member or and 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.
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