Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (305)674-3313 Fax Number : (305)675-2811

## LIMITED LIABILITY COMPANY

LSDS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

#### ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S. <u>ARTICLE 1 NAME</u>

The name of the Limited Liability Company is: LSDS, LLC

#### ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability 1597 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952

# ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent DAVID SCHREIER
1597 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

Having been named as registered agent to eccept service of process for the above stated 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered/Agent's Signature

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

DAVID SCHREIER

Typed or printed name of signee

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