

L09000108315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

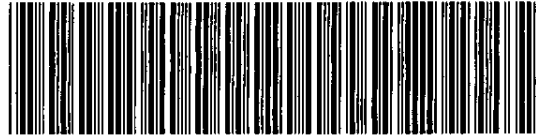
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W09-41240

Office Use Only



400160445684

09/11/09--01018--019 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -9 PM 3:20

B. KOHR

NOV 12 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LSR Leasing LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lee RUBIN
Name of Person

LSR Leasing LLC
Firm/Company

13501 SW 74 AVE
Address

Miami FL 33156
City/State and Zip Code

lsrubin@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lee Rubin at (305) 781 5690
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

SECRET FILED STATE
DIVISION OF CORPORATIONS
09 NOV 9 9 PM 3:20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2009

LEE RUBIN
13501 SW 74 AVENUE
MIAMI, FL 33156

SUBJECT: LSR LEASING LLC
Ref. Number: W09000041240

FILED STATE
SECRETARY OF CORPORATIONS
09 NOV -9 PH 3:20

We have received your document for LSR LEASING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 309A00030336



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 182338 7223174

AUTHORIZATION :

Spuddeenan

COST LIMIT : \$ 125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -9 PM 3:20

ORDER DATE : November 9, 2009

ORDER TIME : 3:01 PM

ORDER NO. : 182338-005

CUSTOMER NO: 7223174

DOMESTIC FILING

NAME: LSR LEASING, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV -9 PM 3:20

ARTICLE I - Name:

The name of the Limited Liability Company is:

LSR Leasing, LLC

(Must end with 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:

13501 SW 74th Avenue
Pincrest, Florida 33156

13501 SW 74th Avenue
Pincrest, Florida 33156

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:

Buchanan Ingersoll & Rooney PC

Name

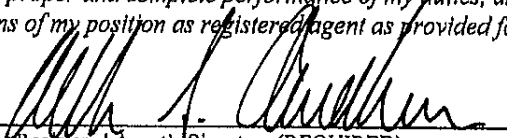
100 SE 2nd Street, 34th Floor

Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33131

City, State, and 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 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

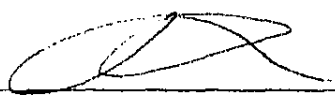
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
MGRM _____	Lee Rubin _____ 13501 SW 74th Avenue _____ Pinacrest, Florida 33156 _____
_____	_____
_____	_____
_____	_____

(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.)

REQUIRED 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.)

Lee Rubin

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)