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JUN - 6 2012 EXAMINER

TO: Registration Section Division of Corporations	
	·····································
SUBJECT: Lakeside Internationa	
Name of Lin	nited Liability Company
The enclosed Articles of Organization and fee(s) at	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Edward M. Flicker	
Edward W. 1 licker	Name of Person
Lakeside International Se	
	Firm/Company
15856 Lake Iola Road	
	Address
Dade City, Florida 33523	
	City/State and Zip Code
eflicker@dishmail.net	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	ase call:
Edward M. Flicker	. 042
Name of Person	at (813) 417-8213 Area Code & Daytime Telephone Number
Number of Ferson	And code a paymae reception runner
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\infty\$\$ \$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	(=====================================
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:	
Lakeside International Servic		
(Must end with the words "Limited Liab ARTICLE II - Address: The mailing address and street address of the part		Liability Company is:
Principal Office Address:	Mailing Address:	
15856 Lake Iola Dade City, Florida 33523	15856 Lake Iola Road Dade City, Florida 33523	+9-radio dalla 1971-anno radio del del constituto
Dade Oily, Florida 33323		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	, ,	•
The name and the Florida street address of the	registered agent are:	Se 78
Edward M. Flicker		F JUN F
Nam	e	1-5 FIL
15856 Lake Iola	Road	

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..

City, State, and Zip

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

Registered Agent's Signature (REQUIRED)

Dade City

(CONTINUED)

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

FILED

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

12 JUN -5 PM 12: 41

MGR	Edward M. Flicker	
	15856 Lake Iola Road Dade City, Florida 33523	
		
	· ·	
<u> </u>		
		.
		· ·
(Use attachment if necessary)		
•		
LE V: Effective date, if other than	the date of filing:	(OPTIONAL)

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. 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.)

Edward M. Flicker

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)