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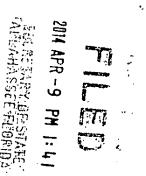
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Registration Division of C	1 Section Corporations			
SUBJECT: R&H	<b>LAKESIDE PROPERTY LI</b> Name of Lir	_C. nited Liability Company		
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.		
Please return all corre	espondence concerning this m	atter to the following:		
JAMES '	W. MAGAHA			
		Name of Person		
LAW OF	FICE OF JAMES W. MAG			
		Firm/Company		
812 NOI	RTH SPRING STREET			
		Address		
PENSAC	COLA, FL 32501			
		City/State and Zip Code		
<u>heekyoungtau@</u>	<u>Oyahoo.com</u> E-mail address: (to be use	d for future annual report notifica	ation)	
For further information	on concerning this matter, ple	ase call:	201 12	
JAMES W. MAGAH	<b>-∖A</b> at(	850 ) 438-6224	2014 APR - 9	
	me of Person		lephone Number	- cirren
Enclosed is a check for	or the following amount:			m
☑ \$125.00 Filing Fee	□\$130.00 Filing Fec & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
	illing Address	Street/Courier Add		

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
R & H LAKESIDE PROPERTY LLC.  (Must end with the words "Limited Li	iability Company, "L.L.C.," or "I.J.C.")	
ARTICLE II - Address: The mailing address and street address of the principal office		
Principal Office Address:	Mailing Address:	
5417 Sun Valley Drive Pensacola, FL 32505	5417 Sun Valley Drive Pensacola, FL 32505	
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)  The name and the Florida street address of the registered agents.	egistered Agent. You must designate an individ	lual or 20
ROBERT TAU		=
Name	APP 中間	AP R
5417 Sun Valley Drive		I gener
Florida street address (P.O. Box N	NOT acceptable)	
Pensacola	FL 32505	3 11
City	Zip Sh	
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter  Registered Agent's Signature	the appointment as registered agent and agree to all statutes relating to the proper and complete gations of my position as registered agent as pro r 605, F.S	o act in this performance

(CONTINUED)

Page 1 of 2

Titl	e:		Name and Address:	
_	MBR" = Authorize	d Member	<del></del>	
"M0	GR" = Manager			
MG	SR	_	ROBERT TAU	
			5417 Sun Valley Drive	
			Pensacola, FL 32505	
		_		
		_		
	e attachment if nec	- "	ate of filing: April 4, 2014 . (OPTIONAL)	
LE V fective of fil	: Effective date, if we date is listed, th ling.)	other than the date date must be s	ste of filing: <u>April 4, 2014</u> . (OPTIONAL)  specific and cannot be more than five business days prior to or 90	) days
LE V fective of fil	: Effective date, if ve date is listed, th ling.)  I: Other provisions	other than the date date must be s		
LE V fective of file	: Effective date, if ve date is listed, th ling.)  I: Other provisions	other than the date date must be so, if any.	specific and cannot be more than five business days prior to or 90	2014
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LE V fective of file	: Effective date, if ve date is listed, the ling.) II: Other provisions OUIRED SIGNA	other than the date date must be so, if any.  TURE:  Signature of a m	nember or an authorized representative of a member.	2014
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LE V fective of file	C: Effective date, if we date is listed, the ling.)  CI: Other provisions  OUIRED SIGNA  (In accordance constitutes a I am aware in secondare constitutes a I am aware a I am a I am aware a I am a I a a I am a I a a I a a I a a I a a I a a I a a I a a I a a I a a I a a I a a I a a I a a I a a I a a I a a	other than the date date must be so, if any.  TURE:  Signature of a more with section of an affirmation under that any false information under that any false information.	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are trace ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)	2014 APR -9

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)