2000008165 - 200008165 - Tarpon Springs, FL 34689 City/State/Zip Phone

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) 600004901026--1 (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time Walk in Certificate of Status Photocopy Mail out ☐ Will wait MON **AMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION **OTHER FILINGS** Foreign Annual Report Limited Partnership Fictitious Name Reinstatement Trademark Other

R2E031(7/97)

Examiner's Initials

LS Enterprises LLC 327 Wood Ibis Ave Tarpon Springs, FL 34689 Ph: (727) 945-7716

SECRETARY OF STATE SECRETARY OF CORPORATIONS
HIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 13, 2002

LANCE BACHE 327 WOOD IBIS AVE TARPON SPRINGS, FL 34689

SUBJECT: LS ENTERPRISES LLC Ref. Number: W02000004334

We have received your document for LS ENTERPRISES 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 602A00009012

DIVISION OF CORPORATIONS

RTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: 15 Enterprises ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Tarpon Spring 5, FL 34689 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Lance Bache 327 Wood Ibis Ave Florida street address (P.O. Box NOT acceptable) Having been named as registered agent and to accept service of process for the above stated limi 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 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. 3 Registered Agent's Signature Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. (An additional article must be added if an effective date is requested)

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.)

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5.00 Certificate of Status (Optional)