Division of Corporations Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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## LIMITED LIABILITY COMPANY

LSA, LLC

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Certificate of Status	<u> </u>
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00





ARTICLE I - Name:

The name of the Limited Liability Company is:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: LSA, LLC.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  11317 Maibstone Dr.  11817 Maidstone Dr.  Wellington FT. 33414  Wellington FT. 33414
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature
The name and the Florida street eddress of the registered agent are:  Lew Car & Marcer  Name  1817 Maldstone  Florida street address (P.O. Box NOT acceptable)  Wellington PL 3341-4  OCity, 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.

(CONTINUED)

Registered Agent's Signature

Page 1 of 2

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

REQUIRED SIGNATURE:

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

<u>Pitte:</u> "MGR" = Managor "MGRM" = Managing Member	Name and Address:	
	11817 Maidstone Dr. Wellington Fl 33414	
(Use attachment if necessary)		
NOTE: An additional article nust 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 on 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 5.00 Certificate of Status (Optional)

Page 2 of Z

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