

102000039155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

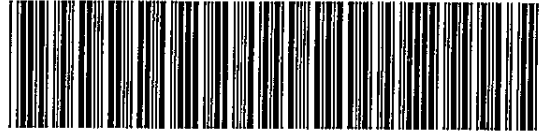
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03 OCT -6 AM 9:46
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Live Oak Capital Growth Fund, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. Eaton

(Name of Person)

The Ark, Inc.

(Firm/Company)

155 Glendale Ave. #14

(Address)

Sparks, NV 89431

(City/State and Zip Code)

For further information concerning this matter, please call:

J. Eaton

(Name of Person)

at (775)

331-0404

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Live Oak Capital Growth Fund, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

11700 Twin Creeks Drive

Fort Pierce, FL 34945

Mailing Address:

11700 Twin Creeks Drive

Fort Pierce, FL 34945

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Tom Lukat

Name

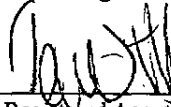
11700 Twin Creeks Drive

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

Fort Pierce FL 34945

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

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR	Tom Lukat
	11700 Twin Creeks Drive
	Fort Pierce, FL 34945
	Tom Lukat

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Tom Lukat

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)

FILED
03 OCT -6 AM 9:46
TALLAHASSEE FLORIDA
SECRETARY OF STATE