

LD4000028968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

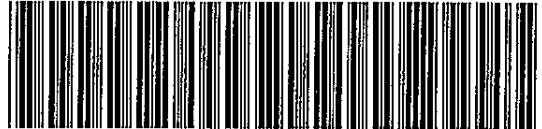
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LD4-28968
JR

DAVID B. PLEAT*
AMY A. PERRY**

CHRISTOPHER H. McELROY
WM. J. "WEST" RITCHIE

*Also Admitted In D.C. & MD.

**Also Admitted In GA.



PLEAT & PERRY, P.A.
• ATTORNEYS AT LAW •

4477 LEGENDARY DRIVE
SUITE 202
DESTIN, FLORIDA 32541
850.650.0599
FAX 850.650.4402
law@pleat.coxatwork.com

April 7, 2004

Via Federal Express

Florida Department of State
Division of Corporations
New Filing Section
409 E. Gaines Street
Tallahassee, FL 32399

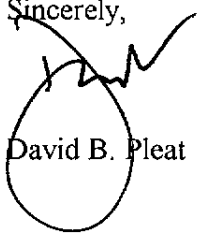
Re: Articles of Organization of LCL Fort Walton, LLC

Dear Sir or Madam:

Enclosed are the original Articles of Organization of LCL Fort Walton, LLC and Check No. 350 in the amount of \$125.00 to cover the costs of filing the Articles of Organization. Please send a copy of the filing upon completion of same in the enclosed envelope. We would appreciate your expediting the filing of the Articles of Organization in this matter.

Please feel free to call me if you have any questions.

Sincerely,


David B. Pleat

DBP/kmb
Enclosures

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APR 8 2004
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LCL FORT WALTON, 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:

ROBERT A. CAPLAN
(Name of Person)

LCL FORT WALTON, LLC
(Firm/Company)

3631 CANAL STREET
(Address)

NEW ORLEANS, LA 70119
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT A. CAPLAN at (504) 486-7766
(Name of Person) (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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

LCL FORT WALTON, LLC

ARTICLE II - Address:

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

Principal Office Address:

3631 Canal Street, New Orleans, LA 70119

Mailing Address:

3631 Canal Street, New Orleans, LA 70119

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

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

David B. Pleat

Name

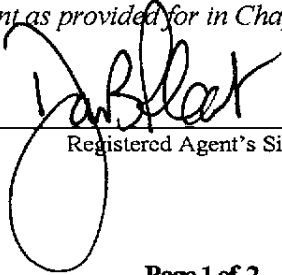
4477 LEGENDARY DRIVE, SUITE 202

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

DESTIN, FLORIDA 32541

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, Florida Statutes..



Registered Agent's Signature

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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:

MGRM

ROBERT A. CAPLAN

3631 CANAL STREET

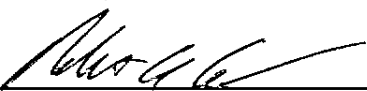
NEW ORLEANS, LA 70119

ARTICLE V - Purpose:

The purpose of the limited liability company is to acquire and develop real estate and any and all other lawful business.

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.)

ROBERT A. CAPLAN

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)

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