

W4 0000 58124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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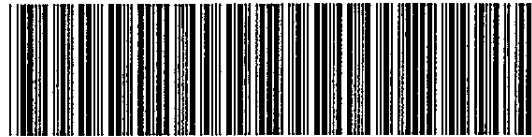
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 3, 2004

ROBERT SHEVLIN
5478 LONDON LALLE DRIVE
JACKSONVILLE, FL 32258

SUBJECT: LSI MANAGEMENT, LLC
Ref. Number: W04000029575

We have received your document for LSI MANAGEMENT, 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):

The registered agent must sign accepting the designation.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 904A00048349

Robert & Sandra Shevlin

*5478 London Lake Drive
Jacksonville, Florida 32258
Phone (904) 288-8331
Fax (904) 880-6858
f2srob@bellsouth.net*

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July 30, 2004

Florida Department of State-Corporations Division

Dear Registrations Section,

*Enclosed is our is check in the amount of \$125 for the Articles of
Organization for LSI Management, LLC and the Registered Agent fee,
along with a second copy of the Articles.*

If there are any questions please contact me at 904 543-0777.

Sincerely,

Robert Shevlin

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LSI Management, 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 Shevlin
(Name of Person)

LSI Management, LLC
(Firm/Company)

5478 London Lake Drive
(Address)

Jacksonville Florida 32258
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert A. Shevlin at 904 543-0777
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

LSI Management, LLC**ARTICLE II - Address:**

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

Principal Office Address:5478 London Lake Drive
Jacksonville FL 32258**Mailing Address:**5478 London Lake Drive
Jacksonville FL 32258**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Robert Alan Shevlin

Name

5478 London Lake DriveFlorida street address (P.O. Box **NOT** acceptable)Jacksonville, FL FLORIDA 32258

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..

Robert Alan Shevlin

Registered Agent's Signature

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

MGRM

Name and Address:

Robert Alan Shevlin
5478 London Lake Drive
Jacksonville, FL 32258

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Robert Alan Shevlin

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 Alan Shevlin

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)