

L04000061893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

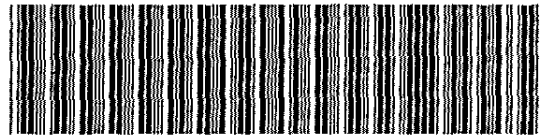
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TALLAHASSEE, FLORIDA

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L04-61893  
JR

**TRANSMITTAL LETTER**

Registration Section  
Division of Corporations

SUBJECT: L. G. F. Enterprises, LLC

The enclosed Articles of Organization and fees are submitted for filing. I have enclosed a check in the amount of \$130.00 for the filing fee, Designation of Registered Agent and for a Certificate of Status.

Please return all correspondence concerning this matter to the following:

Gerald Foster  
500 S. Chaffee Road # 173  
Jacksonville, FL 32221

For further information concerning this matter, please call:

Gerald Foster  
(904) 783-9994

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399  
(850) 245-6051

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314  
(850) 245-6051

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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 L. G. F. Enterprises, LLC.

**ARTICLE II ADDRESS**

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

**Principal Office Address:**  
500 S. Chaffee Road # 173  
Jacksonville, FL 32221

**Mailing Address:**  
500 S. Chaffee Road # 173  
Jacksonville, FL 32221

**ARTICLE III REGISTERED AGENT**

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

Gerald Foster  
500 S. Chaffee Road # 173  
Jacksonville, FL 32221

*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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:**

**Name and Address:**

Managing Member

Gerald Foster  
500 S. Chaffee Road # 173  
Jacksonville, FL 32221


Managing Member

Lenora T. Foster  
500 S. Chaffee Road # 173  
Jacksonville, FL 32221

#### REQUIRED SIGNATURE:

  
\_\_\_\_\_  
Signature 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.)

  
\_\_\_\_\_  
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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TALLAHASSEE, FLORIDA

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