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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

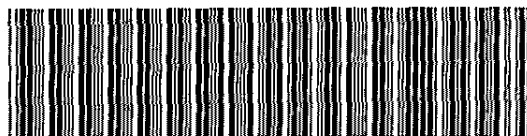
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(Business Entity Name)

(Document Number)

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Verifier	DCC

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Transmittal Letter

To: Registration Section
Division of Corporations

SUBJECT:

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

Please return all correspondence concerning this matter to the following:

Ron Mulchi, Attorney at Law
201 South Orange Avenue, Suite 910
Orlando, FL 32801-3420

For further information concerning this matter, please call:

407 843 8909

STREET ADDRESS:
Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

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

ARTICLE 1 – Name

The name of the Limited Liability Company is:

Lakeshore Enterprises, LLC

ARTICLE 2 – Address

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

Principal Office Address:

3065 Lakeshore Drive
Mount Dora, FL 32757

Mailing Address:

3065 Lakeshore Drive
Mount Dora, FL 32757

ARTICLE 3 – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Ron Mulchi, Attorney at Law
201 South Orange Avenue, Suite 910
Orlando, FL 32801-3420

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.

Ron Mulchi

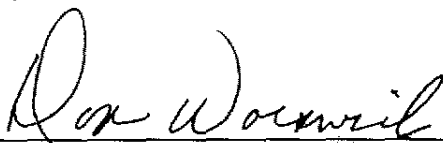
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ARTICLE 4 – Manager(s) or Managing Member(s):

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

Title:	Name and Address
Manager	Don Worswick 3065 Lakeshore Drive Mount Dora, FL 32757

REQUIRED SIGNATURE:



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.

Don Worswick

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