

LOS 0000 27094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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WOS-12552



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03/09/05--01025--006 \*\*125.00

2005 MAR 18 PM 12:35

03/11/05



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 10, 2005

JULIANNE FORD  
902 W. LAKE SHORE DRIVE  
CLERMONT, FL 34711

SUBJECT: LAKE SHORE DRIVE L.L.C.  
Ref. Number: W05000012552

We have received your document for LAKE SHORE DRIVE L.L.C. 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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 105A00016655

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FILED

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lakeshore Drive L.L.C.  
(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:

Julianne Ford

(Name of Person)

(Firm/Company)

902 W. Lakeshore Drive

(Address)

Clermont, FL 34711

(City/State and Zip Code)

For further information concerning this matter, please call:

Julianne Ford

(Name of Person)

at ( 407 )

310-8237

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**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  
FILING SECTION

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Lakeshore Drive L.L.C.

### ARTICLE II - Address:

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

#### Principal Office Address:

902 W. Lakeshore Drive, Clermont, FL 34711

#### Mailing Address:

902 W. Lakeshore Drive, Clermont, FL 34711

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

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

Julianne Ford

Name

902 W. Lakeshore Drive

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

Clermont 34711

FL

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)

**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

Jeanette E. Ford

801 Appletree Lane

Boca Raton, FL 33486

MGRM

Julianne Ford

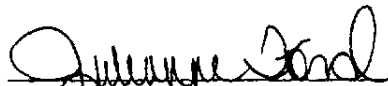
902 W. Lakeshore Drive

Clermont, FL 34711

(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.)

Julianne Ford

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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FILED  
CLERK OF CIRCUIT COURT  
JULIANNE FORD