L05000075225

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	TIAW [MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
J.	X	

Office Use Only



900057845679

U8/U1/U5--U1U19--016 **155.00

OS AUG - 1 PH 2:51
TALLAHASSEE, F, STATE

RECEIVED

05 NO -1 MIL: 46

DIVISION OF CHIS ORATION

CAPITAL CONNECTION, INC.

CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	· Arecondendary of the state of
Lake Region Management, 2886	A CARLES OF THE PARTY OF THE PA
	Art of Inc. File
	LTD Partnership File Foreign Corp. File L.C. File
	Fictitious Name File Trade/Service Mark
	Merger File Art. of Amend. File
	RA Resignation Dissolution / Withdrawal
	Annual Report / Reinstatement Cert. Copy
	Photo Copy
	Certificate of Good Standing Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 SearchUCC 11 Retrieval
Walk-In Will Pick Up	Courier



ARTICLES OF ORGANIZATION

FOR

LAKE REGION MANAGEMENT, LLC

The undersigned member hereby certifies to the following in order to form a Limited Liability Company under Chapter 608, Florida Statutes.

ARTICLE I - NAME

The name of the Limited Liability Company is LAKE REGION MANAGEMENT, LLC.

ARTICLE II - DURATION

This Limited Liability Company shall commence its existence on the date these Articles of Organization are filed with the Florida Department of State. The Company shall exist perpetually, unless the Company is earlier dissolved in accordance with either the provisions of these Articles of Organization, the Operating Agreement or the Florida Limited Liability Company Act.

ARTICLE III - PLACE OF BUSINESS

The mailing address and the street address of this Limited Liability Company shall be 522 Magnolia Avenue, Auburndale, Florida, 33823, and such other place or places as the members from time to time may determine.

ARTICLE IV - REGISTERED AGENT

The street address of the initial registered office of this Limited Liability Company is 522 Magnolia Avenue, Auburndale, Florida, 33823, and the name of the initial registered agent at that address is JAMES C. SPIVEY.

ARTICLE V - MANAGEMENT OF BUSINESS

The Limited Liability Company is to be managed by its Members and the names and addresses of the Managing Members are:

RODNEY SPIVEY 522 Magnolia Ave. Auburndale, FL 33823

JAMES C. SPIVEY 522 Magnolia Ave. Auburndale, FL 33823 JAMES M. SPIVEY 522 Magnolia Ave. Auburndale, FL. 33823

LINDA G. SPIVEY 522 Magnolia Ave. Auburndale, FL 33823

ARTICLE VI - REGULATIONS

At the time of executing these articles or organization, the members of the Limited Liability Company shall adopt regulations known as an "Operating Agreement" containing all provisions for the regulation and management of this Company not inconsistent with law and these articles.

The power to alter, amend or repeal these regulations shall be vested in the members of this Company.

ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and upon such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as ser forth in the regulations of the Company, but the transferce shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other members of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

ARTICLE VIII - MEMBERS RIGHTS TO CONTINUE BUSINESS

Upon the death, bankruptcy or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company, the business of the Limited Liability Company may be continued by the consent of all the remaining members and there is at least one (1) remaining member.

ARTICLE IX - AMENDMENTS

These articles, except with respect to the vested rights of the members, may be amended from time to time by unanimous consent of the members, and a certificate of amendment shall be filed, duly signed by all members of the Company, with the Florida Department of State.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on the 28th day of 0000.

STATE OF FLORIDA COUNTY OF POLK

I HEREBY CERTIFY that on this day, before me a Notary Public duly authorized in the state and county named above to take acknowledgments, personally appeared JAMES C. SPIVEY (w) who is personally known to me or () who has produced ________ as identification, known to me to be a managing member of LAKE REGION MANAGEMENT, LLC, and who executed the foregoing Articles of Organization and who acknowledged before me that he subscribed to these Articles of Organization.

WITNESS my hand and official scal in the county and state named above, this 2845 day of July, 2005.

Mary Cleveland
Commission # DD435410
Expires May 30, 2009
Senest Tray Fain- Insurance, Inc. 500-385-7079

Notary Public - State of Florida My Commission Expires: My Commission No.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is LAKE REGION MANAGEMENT, LLC.
- 2. The name and the Florida street address of the registered agent are:

JAMES C. SPIVEY 522 Magnolia Ave. Auburndale, FL 33823

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.

JAMES C. SPIVEY

7-28-05 (DATE)