Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : DOOLEY & DRAKE, P.A.

Account Number : I20020000002

≥Phone Pax Number

: (941)954-7750

: (941)951-1509

LIMITED LIABILITY COMPANY

LBK PARTNERS, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
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11/22/2005

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COVER LETTER

TO: Registration Se Division of Cor			•
SURJECT: LBK P	ARTNERS, L.L.C.		
		i Liability Company)	
The enclosed Articles of	Organization and fee(s) are st	abmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	J. KEVIN	DRAKE, ESQ.	
	·	& DRAKE, P.A.	
		Firm/Company)	
	4400 EID	OT OTOLET	
	1432 FIRS	ST STREET (Address)	
		, , , , , , ,	
		TA, FLORIDA	34236
	(City/	State and Zip Code)	
For further information of	concerning this matter, please	call:	
J. KEVIN DRA	KE, ESQ.	at (941) 954-7 (Area Code & Daytim	750
(Name	of Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314	Street/Conrier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle
		(((H05000270258 3))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
LBK PARTNERS, L.L.C.			
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")		
A MONICE TO A 42			
ARTICLE II - Address:	insing affine of the Limited Lightlifty Comm	4437 ia:	
The mailing address and street address of the pri	incipal office of the Limited Liability Compa	any 18.	
Principal Office Address:	Mailing Address:		
740 Commerce Drive, #11	740 Commerce Drive, #11		
Venice, FL 34292	Venice, FL 34292		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		_	
The name and the Florida street address of the re	egistered agent are:	05 NOV 22	SECR
J. KEVIN DRAKE, ESQ.		==	0 T T
Name			3×F
1432 FIRST STREET		AM 10: 0.1	꿈유디
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	಼	25
SARASOTA	FL 34236	0	Y OF STATE CORPORATIONS
City, State, at	nd Z ip		<u>is</u>
Having been named as revistered agent and to a	accept service of process for the above stated b	imited	

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 (REQUIRED)

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(CONTINUED)
Page 1 of 2

"MGR" = Manager "MGRM" = Managing Membe	Name and Address:	
MGRM	Myron Gay	_
	740 Commerce Drive, #11	_
	Venice, FL 34292	-
MGRM	Mark I. Caithness	
	P.O. Box 357	-
,	Nokomis, FL 34274-0357	_ _
MGRM	Steven M. White	
	157 Hollow Road	_
	Skillmen, NJ 08558	_
ffective date is listed, the date i	han the date of filing: (OPTIC	
days after the date of filing.)		
REQUIRED SIGNATURE:		05 NOV
	member or an authorized representative of a member.	DV 22

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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