

LO6000055764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

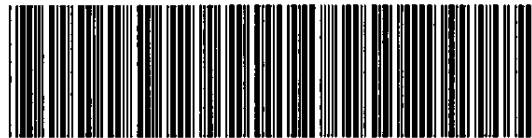
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LO60-21137

Office Use Only



400071749374

04/28/06--01013--005 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 APR 28 PM 4:04

EFFECTIVE DATE

9-21-06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2006

RICHARD MARTIN
P.O. BOX 1834
PALM HARBOR, FL 34682

SUBJECT: 3839 LAKE SHORE DRIVE, LLC
Ref. Number: W06000021137

We have received your document for 3839 LAKE SHORE DRIVE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 28, 2006. Please amend your document accordingly.

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) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 906A00032386

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DIVISION OF CORPORATIONS
2006 APR 28 PM 4:04

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3839 Lake Shore Drive LLC
(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:

Richard Martin

(Name of Person)

3839 Lake Shore Drive LLC

(Firm/Company)

P.O. Box 1834

(Address)

Palm Harbor FL 34682

(City/State and Zip Code)

For further information concerning this matter, please call:

Johnston Staples

(Name of Person)

at (727) 455-5175

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2006 APR 28 PM 4:04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3839 Lake Shore Drive, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

P.O. Box 1834

Palm Harbor, FL 34682

Mailing Address:

P.O. Box 1834

Palm Harbor, FL 34682

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Johnston R. Staples III, Esq.

Name

9495 Blind Pass Rd

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

St. pete Bch., FL 33706

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE
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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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGMR

John Staples

P.O. Box 1834

Palm Harbor, FL 34682

MGR

Richard Martin

P.O. Box 1834

Palm Harbor, FL 34682

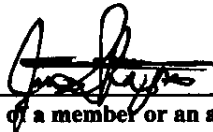
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/21/2006. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

John Staples

Typed or printed name of signer

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)