# 106000018345

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300077975483

08/08/06--01036--011 \*\*160.00

06 AUS -8 AHII: 15 SECRETARY OF STATE SECRETARY OF STATE



# KAREN O. GAFFNEY, P.A.

**ATTORNEY AT LAW** 

221 WEST MAIN STREET • SUITE D INVERNESS, FLORIDA 34450

E-mail Address: karengaffney@tampabay.rr.com

KAREN O. GAFFNEY

TELEPHONE 352/726-9222 FAX 352/726-2124

August 7, 2006

### Via Federal Express Delivery Airbill 8525 2751 0839

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: New LLC Filing-LSR Factors, LLC

Dear Sir or Madam:

Enclosed please find an original and one copy of Articles of Organization of LSR Factors, LLC for filing with your office. Also, enclosed is our check in the amount of \$ 160.00 to cover your fee. Please return the certified copy and letter of acknowledgment to my office.

Thank you for your assistance in this matter.

Yours truly,

KAREN O. GAFFNEY, P.A.

By:

Karen O. Gaffney, Esquire

KOG/pcm

Enclosures: as stated Cc: Shaun Borden

# ARTICLES OF ORGANIZATION OF LSR FACTORS, LLC LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - Name:

The name of the Limited Liability Company is: LSR FACTORS, LLC.

**ARTICLE II — Address:** 

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

**7434 S.E. 12<sup>TH</sup> CIRCLE, OCALA, FL 34480** 

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: perpetual.

ARTICLE IV — Management: (Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are: **SHAUN BORDEN, 7434 S.E. 12<sup>th</sup> CIRCLE, OCALA, FL 34480**.

#### ARTICLE V — Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: Upon majority vote of the then existing members.

#### ARTICLE VI — Members' Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: as set forth in the regulations adopted by the members.

#### ARTICLE VII - Initial Registered Office and Agent

The street address of the initial registered office of this corporation is 221 West Main Street, Suite D, Inverness, Florida 34450, and the name of the initial registered agent of this corporation at that address is Karen O. Gaffney.

IN WITNESS WHEREOF, we have signed these Articles of Organization and acknowledged them to be our act this 3-4 day of Arcust \_\_\_\_\_\_\_\_, 2006.

SHAUN BORDEN, MEMBER

## CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

First – LSR FACTORS, LLC, desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Organization, as City of Ocala, County of Marion, has named, Karen O. Gaffney, 221 West Main Street, Suite D, Inverness, State of Florida 34450, as its agent to accept service of process within the State.

ACKNOWLEDGMENT: (Must be signed by Designated Agent)

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Karen Ø. Galfney Registered Agent

O6 AUG -8 AMII: 16
SECRETARY OF STATE
ALL AHASSEE FLORIDA