

LO6000087847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

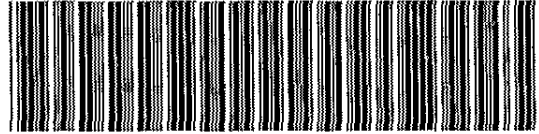
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06 AUG 31 PM 4:46

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06 AUG 31 PM 2:03

STATE OF FLORIDA  
TALLAHASSEE



UCC FILING & SEARCH SERVICES, INC.  
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August 31, 2006

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Lustberg Limited, LLC

**Filing Evidence**

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include  
Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

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AUG 31 PM 2:03  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

**RESUBMISSION**  
PLEASE HONOR ORIGINAL  
DATE OF SUBMISSION  
AS FILE DATE

September 1, 2006

UCC FILING & SEARCH

TALLAHASSEE, FL

SUBJECT: LUSTBERG LIMITED, LLC  
Ref. Number: W06000038692

**FILED**  
06 AUG 31 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for LUSTBERG LIMITED, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

Florida LLC's may not use the suffix "LIMITED, LLC".

You may use LIMITED COMPANY or LIMITED LIABILITY COMPANY. Or you may use LLC without the LIMITED before it.

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) 245-6914.

Buck Kohr  
Document Specialist

Letter Number: 506A00053511

**RECEIVED**  
06 SEP -6 PM 3:12  
FILE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
06 AUG 31 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Lustberg Limited Liability Company

**ARTICLE II - Address:**

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

**Principal Office Address:**

20563 South Charleston

Boca Raton, FL 33434

**Mailing Address:**

20563 South Charleston

Boca Raton, FL 33434

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

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

Gary Lustberg

Name

20563 South Charleston

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

Boca Raton

FLORIDA 33434

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, Florida Statutes..*

By: 

Registered Agent's Signature

**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

Gary Lustberg

20563 South Charleston  
Boca Raton, FL 33434

MGRM

Patricia Lustberg

20563 South Charleston  
Boca Raton, FL 33434

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

Gary Lustberg, Member

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)