

L07000112086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

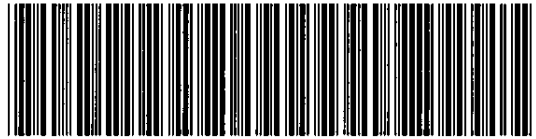
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600111329116

10/30/07--01061--005 **125.00

RECEIVED
07 OCT 30 PM 3:39
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 OCT 30 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



RECEIVED

NOV -6 AM 9:24

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

October 31, 2007

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: LCS MANAGEMENT, L.L.C.
Ref. Number: W07000053786

RE-SUBMIT

PLEASE OBTAIN THE ORIGINAL
FILE DATE.

07 OCT 30 AM 9:42
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LCS MANAGEMENT, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

The "street address of the principal office" in Article II must be a street address. The "mailing address" can be a P.O. Box. You should list 2 addresses in Article II.

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
Regulatory Specialist II

Letter Number: 307A00063699

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE.

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LCS Management LLC

FILED
07 OCT 30 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ 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
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

Signature

Requested by:

Name

Date

Time

Walk In

Will Pick Up

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

FILED
07 OCT 30 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I: NAME

The name of the Limited Liability Company is: LCS Management, L.L.C.

ARTICLE II: ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:
Post Office Box 1500, New Smyrna Beach, FL 32170 , 252 South SR 415,
New Smyrna Beach, FL 32168.

ARTICLE III: DURATION

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

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by managers and the names and addresses of such managers who are to serve as managers are:

Robert L. Hart
Post Office Box 1500
New Smyrna Beach, FL 32170

ARTICLE V: REGISTERED AGENT AND OFFICE


The name of the registered agent and office of the Company is as follows:

<u>NAME</u>	<u>ADDRESS</u>
Glenn D. Storch, Esquire	Storch, Morris & Harris, L.L.C. 420 South Nova Road Daytona Beach, FL 32114

ARTICLE VI: ORGANIZER

The name and address of the organizer of these Articles of Organization are Glenn D. Storch, 420 South Nova Road, Daytona Beach, FL 32114.

IN WITNESS WHEREOF, the undersigned organizer has executed these Articles of Organization this 30th day of October, 2007.

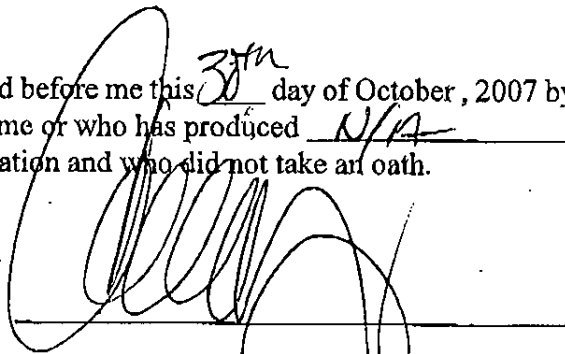


GLENN D. STORCH

STATE OF FLORIDA
COUNTY OF VOLUSIA ss.:

The foregoing instrument was acknowledged before me this 30th day of October, 2007 by GLENN D. STORCH who is personally known to me or who has produced N/A as identification and who did not take an oath.





Notary Public
State of Florida at Large
My Commission No.
Expires:

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

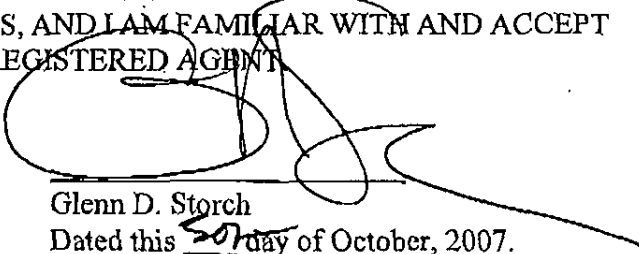
1. The name of the limited liability company is:

LCS Management, L.L.C.

2. The name and address of the registered agent is:

**Glenn D. Storch, Esquire
Storch, Morris & Harris, L.L.C.
420 South Nova Road
Daytona Beach, FL 32114**

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.


Glenn D. Storch
Dated this 20th day of October, 2007.