

LOT000117700

(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



700112419687

11/21/07--01042--002 **160.00

SECRETARY
DIVISION 11
07 NOV 21 PM 3:28

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: LifeStyle Architecture 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:

Donald O Minnick Sr.

(Name of Person)

LifeStyle Architecture

(Firm/Company)

2579 NW 19th Street

(Address)

Fort Lauderdale FL. 33311

(City/State and Zip Code)

For further information concerning this matter, please call:

Donald O Minnick Sr.

(Name of Person)

at (954) 931-9561

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$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

Page 1 of 2

SECRETARY
DIVISION OF
07 NOV 21 PM 3:28

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:

MGR

Donald O Minnick Sr.

2579 NW 19th Street

Fort Lauderdale FL. 33311

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/20/2007. (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.)

DONALD O. MINNICK SR

Typed or printed name of signee

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)