

LD8000059232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

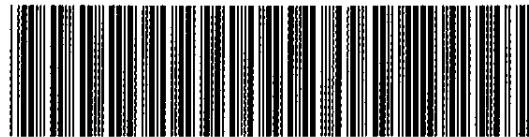
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/12/08--01061--004 **250.00

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DIVISION OF CORPORATION
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G. MCLEOD

JUN 17 2008

EXAMINER

Sent Operating
Agreement that
included required
Signatures

6008-24153

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LSC DEVELOPMENT, LLC

(Name of Resulting Florida Profit Corporation)

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Steffen Aziz

(Contact Person)

LSC DEVELOPMENT, LLC

(Firm/Company)

220 Crystal Grove Blvd.

(Address)

Lutz, FL 33548-6460

(City, State and Zip Code)

For further information concerning this matter, please call:

Steffen Aziz

(Name of Contact Person)

at (813) 477-3889

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees

☐ \$113.75 Filing Fees
and Certificate of
Status

☒ \$113.75 Filing Fees
and Certified Copy

☐ \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

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

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

ARTICLE I • Name:

The name of the Limited Liability Company is:

LSC DEVELOPMENT, LLC

ARTICLE II • Address:

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

220 Crystal Grove Blvd.
Lutz, FL 33548-6460

**ARTICLE III • Registered Agent, Registered Office, & Registered Agent's
Signature:** The name and the Florida street address of the registered agent are:

Name:	Steffen Aziz
Florida street address:	220 Crystal Grove Blvd.
City, State, and Zip:	Lutz, FL 33548-6460

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: _____

(An additional article must be added if an effective date is requested)

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.)

Typed or printed name of signee:

Steffen Aziz

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TABLE II - REQUIRED SERVICES OF MEMBERS

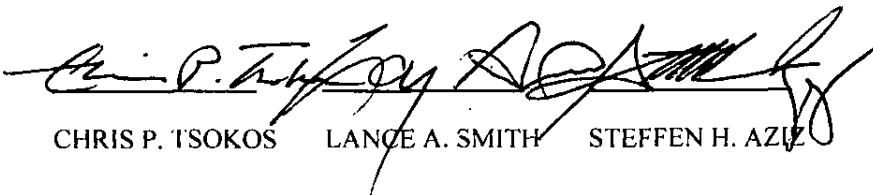
Member Name	Required Service Time	Description of Services
CHRIS P. TSOKOS	No	General Management
LANCE A. SMITH	No	General Management
STEFFEN H. AZIZ	No	General Management

IN WITNESS WHEREOF, the undersigned have duly executed this Operating Agreement as of the date first above written as members:

MEMBER

MEMBER

MEMBER



CHRIS P. TSOKOS

LANCE A. SMITH

STEFFEN H. AZIZ

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