

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856

Fax Number : (800) 354-3381

FLORIDA/FOREIGN LIMITED LIABILITY CO.

LS.PLF LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

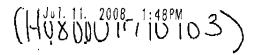
Electronic Filing Menu

Corporate Filing Menu

M. THOMAS

JUL 1 4 2008

EXAMINER



ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LS.PLF LLC	
(Must end with the words "Li	nited Liability Company, "L.L.C.," or "LLC.") 至은 是
ARTICLE II - Address:	一点
	of the principal office of the Limited Liability, Company is:
2	第一支
Principal Office Address:	Mailing Address:
	किन दे
6186 NORTH BAYFRONT DRIVE	6186 NORTH BAYFRONT DRIVE
HERNANDO, FL 34442	HERNANDO, FL 34442

business entity with an active Florida registration.)

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

RONALD DE MILT

6186 NORTH BAYFRONT DRIVE

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

HERNANDO

34442

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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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(HOUND 2008-1:49PMO3)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Memb	er
MGRM	RONALD DE MILT
	6186 NORTH BAYFRONT DRIVE
	HERNANDO, FL 34442
	a a
	15 SB JEL -
	FÖ E
	OF STATE
	70
	<u> </u>
(Use attachment if necessary)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ICLE V: Effective date, if other	than the date of filing: (OPTIONAL)
	must be specific and cannot be more than five business days prior
r 90 days after the date of filing.)	
REQUIRED SIGNATURE:	•
/-	and Melo
po 1	ara vivi
Signature of a	a member or an authorized representative of a member.
(In accordance	e with section 608.408(3), Florida Statutes, the execution
of this docum	ent constitutes an affirmation under the penalties of perjuty is stated herein are true.)
RONAL	D DE MILT

(Ho8001710103)

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Typed or printed name of signee