

L08000096835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

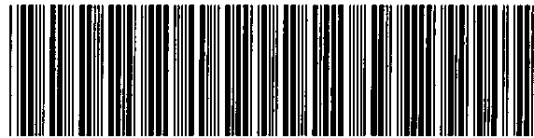
(Document Number)

Certified Copies _____

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Office Use Only



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10/02/08--01018--021 **160.00

Effective Date 9/23/08

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 30 AM 11:06

Rec'd. 9/30/08

B. Tadlock OCT 14 2008

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Luke's Laterra, 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:

Kim Balaskiewicz

(Name of Person)

Luke's Laterra, LLC

(Firm/Company)

7643 Gate Parkway, Ste 104 PMB 188

(Address)

Jacksonville, FL 32256

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Balaskiewicz

(Name of Person)

at (**904**) **641-1858**

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2008

KIM BALASKIEWICZ
7643 GATE PARKWAY, STE. 104 PMB 188
JACKSONVILLE, FL 32256

SUBJECT: LUKE'S LATERRA, LLC
Ref. Number: W08000045799

We have received your document for LUKE'S LATERRA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 2, 2008. Please amend your document accordingly.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 708A00052576

To: Brenda - Div. of CorporationsFax number: (850) 245-6030From: Irene RichardsonDate: 10/14/2008

6 - pages Total

**MADISON**
PROPERTY MANAGEMENT
SOLUTIONS7643 Gate Parkway
Ste. 104, PMB 188
Jacksonville, FL 32256
904-641-1858
Fax 904-641-1171Regarding: Luke's Lotzers, LLC - Letter No 708A00052576
Ref # W08000045799

Good morning Brenda,

Thank you again for your time regarding Luke's Lotzers, LLC's letter from your office. We mailed the document to you on 9/24/08 AM. As I mentioned, the contract was signed on September 24th; pending the document will result in the contract to become null and void. If you could please assist us at your earliest opportunity, we'd much appreciate it.

You can reach me at (904) 641-1858.

Thank you in advance for your time and assistance!

Sincerely,

Irene Richardson.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Luke's Laterra, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:11512 Lake Mead Ave., #405
Jacksonville, FL 32256**Mailing Address:**7643 Gate Parkway, Ste 104 PMB 188
Jacksonville, FL 32256**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

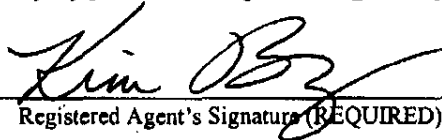
Kim Balaskiewicz

Name

Effective Date 9/23/0811512 Lake Mead Ave., #405Florida street address (P.O. Box **NOT** acceptable)Jacksonville, FL 32256

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

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

Kim Balaskiewicz

11512 Lake Mead Ave., #405

Jacksonville, FL 32256

MGR

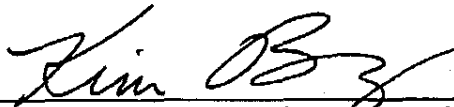
James Balaskiewicz

11512 Lake Mead Ave., #405

Jacksonville, FL 32256

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 23, 2008 (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.)



Typed or printed name of signer

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)