

LO 800017119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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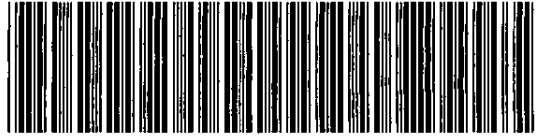
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
08 DEC 24 PM 4: 06
TALLAHASSEE, FLORIDA

S. HAWKES

DEC 29 2008

EXAMINER

NOT TO BE REPRODUCED

Department of
Revenue

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAKE HOUSE ENTERPRISES 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:

1228 ELKHART CR.
TAUARES, FL 32778

Mailing Address:

P.O. BOX 807
TAUARES, FL 32778

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:

LARRY WEBB

Name

1221 NASSAU CIRCLE

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

TAUARES FL 32778

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..

Larry Webb

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

JOHN A. WALDREN OR KATHRYN M. WALDREN,
TRUSTEES OF THE WALDRENTRUST DATED
SEPTEMBER 14, 1998

P.O. Box 807
TAUARES, FL 32778

DEC 24 PM 4:06

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/1/09. (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:

Kathryn M Waldren HE
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.)

KATHRYN M. WALDREN, TRUSTEE
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)