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, ,
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EXAMINER

COVER LETTER

10;	Division of Corporations		l '		
cupu	LRS (Development, LLC	95EP 11		
SUBJE	· · ·	d Liability Company			
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please	return all correspondence concerning this matte	er to the following:			
	·				
		Randall Simon			
		Name of Person			
	, DO D				
LRS Development, LLC					
		Firm/Company			
	6312 Cottonwood Lane				
		Address			
	Apollo Beach, FL 33572 City/State and Zip Code				
	lauraintampa@gmail.com				
	E-mail address: (to be used for future annual report notification)				
For fur	her information concerning this matter, please	call:			
	Laura R. Simon	at (813)	373-8161		
	Name of Person	at (813) Area Code & Daytime T	elephone Number		
		•	•		
Enclos	ed is a check for the following amount:				
\$12 5.	00 Filing Fee \$\bigcup\$\frac{130.00}{\text{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

ARTICLES OF ORGANIZATION FOR	ris: pment, LLC iability Company," "L.L.C.," or "LLC.")	
ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
· · · · · · · · · · · · · · · · · · ·		
I RS Develo	nment LLC	
(Must end with the words "Limited L	iability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:	e principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
6312 Cottonwood Lane	6312 Cottonwood Lane	
Apollo Beach, FL 33572	Apollo Beach, FL 33572	
The name and the Florida street address of the	he registered agent are:	
	nme	
7268 Bucks Ford Drive		
Florida street address (P.O. Box NOT acceptable)		
Riverview, FL 33578 FL		
City, Stat	te, and Zip	
liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S	
	\	

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:		
MGRM	Laura Randall Simon 6312 Cottonwood Lane Apollo Beach, FL 33572		
(Use attachment if necessary)			
ARTICLE V: Effective date, if other the (If an effective date is listed, the date it to or 90 days after the date of filing.)	han the date of filing: September 18, 2009 (OPTIONAL) must be specific and cannot be more than five business days prior		
REQUIRED SIGNATURE: Signature of a	aura Luncon member or an authorized representative of a member.		
of this docume	(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.)		
Filing Fees:	Typed or printed name of signee		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)