

L09000117004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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09 DEC -7 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

DEC - 8 2009

EXAMINER

LAKEFRONT ENTERPRISES, LLC

304 Auburn Lakes Cir
Venice, FL 34292

To Whom it may concern:

This is a letter accompanying an application for filing the above named LLC in Florida. I have enclosed the original and one copy of the application. My printer is not working properly (ink colors are off), so I was not sure if the form was acceptable. The signature is black ink. I have also enclosed a check for \$125 filing fee.

My contact information:

Joyce Adams

(above address)

941 484 6715

941 961 7980 (cell)

Thank you, and I look forward to conducting business in FL.

A handwritten signature in black ink, appearing to read "Joyce Adams", followed by a long horizontal flourish.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lakefront 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

Principal Office Address:

304 Auburn Lakes Cir

Venice, FL 34292

Mailing Address:

304 Auburn Lakes Cir

Venice, FL 34292

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:

Joyce Adams

Name

304 Auburn Lakes Cir

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

Venice, FL 34292

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)

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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

Joyce Adams

304 Auburn Lakes Cir

Venice, FL 34292

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Joyce Adams

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)