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10 JAN 26 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JAN 27 2010

EXAMINER

Maxine Jeffery

6209 Mohawk Terr

Margate, FL 33063

January 21, 2010

This letter is to confirm that I am Maxine Jeffery applying for LSC SERVICES LLC.

Sincerely

Maxine Jeffery

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LSC SERVICES 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:

Maxine Jeffery

Name of Person

LSC SERVICES LLC

Firm/Company

6209 Mohawk Terr.

Address

Margate, FL 33063

City/State and Zip Code

lscservices@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maxine Jeffery

Name of Person

at (**954**)

803-9792

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

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10 JAN 26 AM 10:01

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LSC SERVICES 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:

Mailing Address:

6209 MOHAWK TERR

MARGATE, FL 33063

6209 MOHAWK TERR

MARGATE, FL 33063

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:

MAXINE JEFFERY

Name

6209 MOHAWK TERR.

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

MARGATE, FL 33063 FL

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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10 JAN 26 AM 11:01

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:

MAXINE JEFFERY MGR

6209 MOHAWK TERR

MARGATE, FL 33063

CRAIG JEFFERY MGRM

6209 MOHAWK TERR

MARGATE, FL 33063

(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.)

MAXINE JEFFERY

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)