L10000089755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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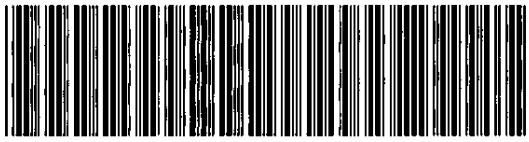

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10 AUG 25 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 26 2010

EXAMINER

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** Lake Escapes Customs, 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:

Nicholas Satterly
Name of Person

Lake Escapes Customs, LLC.
Firm/Company

2303 Blind Pond Ave
Address

Lutz, FL, 33549
City/State and Zip Code

rdasari@mail.usf.edu
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Nicholas Satterly at ( 813 ) 451-4651
Name of Person — 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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

Lake Escapes Customs, 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:** |
|---|---|
| 2303 Blind Pond Ave, Lutz, FL, 33549 | 2303 Blind Pond Ave, Lutz, FL, 33549 |

**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:

Rahul Dasari
Name

2303 Blind Pond Ave, Lutz, FL, 33549
Florida street address (P.O. Box **NOT** acceptable)

,Lutz, FL ,33549
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)**

**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:** |
|---|---|
| MGR | Nicholas Satterly<br>2303 Blind Pond Ave, Lutz, FL, 33549 |
| MGR | Rahul Dasari<br>2303 Blind Pond Ave, Lutz, FL, 33549 |
| MGR | Michael Whitman<br>2303 Blind Pond Ave, Lutz, FL, 33549 |
| MGR | Brae Davis<br>2303 Blind Pond Ave, Lutz, FL, 33549 |

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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.)

Nicholas Satterly
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)**