

L10000090785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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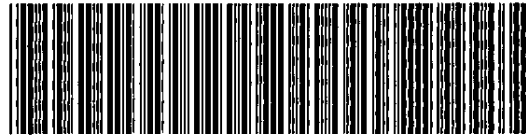
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 30 2010

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: L SQUARED REALTY GROUP, 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:

R. Bruce Lauer

Name of Person

Firm/Company

10210 Tarpon Springs Road

Address

Odessa, FL 33556

City/State and Zip Code

brucelauer@hotmail.com

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

For further information concerning this matter, please call:

R. Bruce Lauer

Name of Person

at (813)

349-8366

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is:

L SQUARED REALTY GROUP, LLC

ARTICLE II. ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company:

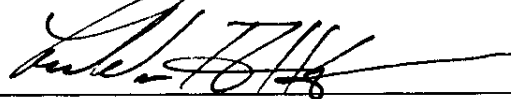
10210 Tarpon Springs Road
Odessa, FL 33556

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

Lee Wm. Atkinson, Esq.
Forizs & Dogali, P.A.
4301 Anchor Plaza Parkway, Suite 300
Tampa, Florida 33634

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)

ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name and address of the Manager or Managing member is as follows:

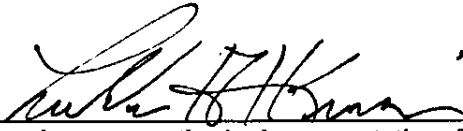
R. Bruce Lauer
10210 Tarpon Springs Road
Odessa, FL 33556

ARTICLE V. EFFECTIVE DATE

Effective date shall be the date of filing.

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TALLAHASSEE, FLORIDA

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.)

LEE ATKINSON

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)**

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