

Division of Corporations

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**L100000091012**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : MCLIN & BURNSED P.A.  
Account Number : 104657003604  
Phone : (352) 787-1241  
Fax Number : (352) 326-2608

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: fredm@mcinburnsed.com

**FLORIDA LIMITED LIABILITY CO.**

**Lakeview Grove, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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10 AUG 30 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
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Electronic Filing Menu

Corporate Filing Menu

T. HAMPTON

Help AUG 31 2010

EXAMINER

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**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: Lakeview Grove, 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:

Fred A. Morrison

Name of Person

McLin & Burnsed P.A.

Firm/Company

Post Office Box 491357

Address

Leesburg, Florida 34749-1357

City/State and Zip Code

FredM@mcInburnsed.com

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

For further information concerning this matter, please call:

Fred A. Morrison

Name of Person

at ( 352 )

787-1241

Area Code &amp; 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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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Lakeview Grove, 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:**613 South 12th Street  
Leesburg, Florida 34748**Mailing Address:**P.O. Box 492228  
Leesburg, Florida 34748-2228**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:

David Magalski

Name

613 South 12th StreetFlorida street address (P.O. Box **NOT** acceptable)Leesburg, FL 34748

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)

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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:**MGRMDavid Magalski613 South 12th StreetLeesburg, Florida 34748MGRMBarbara Magalski613 South 12th StreetLeesburg, Florida 34748MGRMSandra Magalski613 South 12th StreetLeesburg, Florida 34748MGRMShelley Magalski613 South 12th StreetLeesburg, Florida 34748

(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.)

David Magalski

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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ADDENDUM TO ARTICLES OF ORGANIZATION  
LAKEVIEW GROVE, LLC

Additional member:

MGRM

James Magalski  
613 South 12<sup>th</sup> Street  
Leesburg, Florida 34748

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