L12000051887

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
		- 40
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	, , , , ,
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000229354800

04/16/12--01012--025 **125.00

FILED
2012 APR 16 PM 2: 20
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

APR 17 2012

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: LITEST	eam Carlton Lake	S, LLC I Liability Compa	ny .	
The enclosed Articles of	Organization and fee(s) are su	ıbmitted for filing		
Please return all correspo	ondence concerning this matte	r to the following:		
Sally Lars				
-	Ì	Name of Person		TALLAH SSEE, FLORIT
Litestrean	n Carlton Lakes L	LC		
,		Firm/Company		55E
500 Austr	alian Ave So Suite	120		The The
		Address		Self Co
West Palm	Beach FL 33401			y
	· City	State and Zip Code		
sally@litestr	eam.net E-mail address: (to be used fo	r future annual repo	rt notification)	
For further information of	oncerning this matter, please		,	
Sally Larson		at (561)	659-5400	
Name o	f Person		& Daytime Tele	phone Number
Enclosed is a check fo	r the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	by _	\$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	Registration of Clifton Boundary 2661 Exe	urier Address on Section of Corporation uilding cutive Center (

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CON MINAR O PARES **ARTICLE 1 - Name:** The name of the Limited Liability Company is: Litestream Carlton Lakes, 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: **Mailing Address: Principal Office Address:** 500 Australian Ave So., Suite 120 500 Australian Ave So., Suite 120 West Palm Beach FL 33401 West Palm Beach FL 33401 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: Paul Rhodes Name 500 Australian Ave So., Suite 120 Florida street address (P.O. Box NOT acceptable) West Palm Beach _{FL} 33401 City, State, and Zir 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):

j

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member	e e			
AGRM	Litestream Holdings, LLC 500 Australian Ave So., Suite 120 West Palm Beach FL 33401			
MGRM	Litestream Holdings, LLC 500 Australian Ave So., Suite 120			
	West Palm Beach FL 33401			
	West Paint Beach PL 33401 Transport			
	Since the second			
<u> </u>				
	T T			
(Use attachment if necessary)				
(Obe accomment if investig)				
IF V. Effective date if other tha	n the date of filing: (OPTIONA			
factive data is listed the data mu	ust be specific and cannot be more than five business days			
	ust be specific and cannot be more than five business days			
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Paul Rhodes, Manager, Litestream Holdings, LLC

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)