

L120000091697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

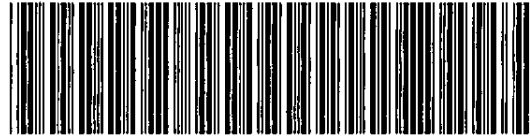
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/13/12--01031---015 \*\*125.00

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2012 JUL 13 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 13 2012

EXAMINER

## LAW OFFICES OF SAMANTHA J. FITZGERALD

950 South Pine Island Road, Suite A-150 • Plantation, Florida 33324  
954-727-8163 • Fax 888-663-6471 • Cell 954-683-8830 • EstateandProbate@gmail.com

July 5, 2012

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

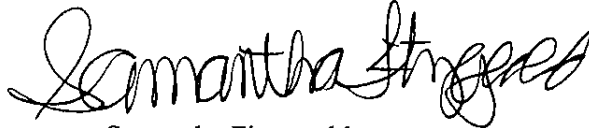
Re: Filing of new LLC

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TALLAHASSEE, FLORIDA

Gentlemen:

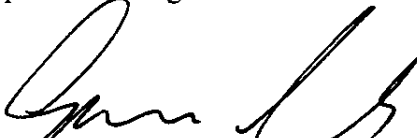
Enclosed please find Articles of Organization for The Four Lakes Enterprise, LLC (LLC). Please note that the owner of this to be formed LLC is The Four Lakes Enterprise, Inc., an active Florida corporation (Corporation). Shortly after formation of the LLC, the Corporation will be dissolved. The Four Lakes Enterprise, Inc., as well as the owner of The Four Lakes Enterprise, Inc., Guillermo Lagos, authorize the LLC to use the same name as the Corporation.

Very truly yours,



Samantha Fitzgerald

Approved and Agreed:



Guillermo Lagos  
Individually and as President of The Four Lakes Enterprise, Inc.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Four Lakes Enterprise, 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:

Samantha J. Fitzgerald

Name of Person

Law Offices of Samantha J. Fitzgerald

Firm/Company

950 S. Pine Island Road

Address

Suite A-150

City/State and Zip Code

estateandprobate@gmail.com

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

For further information concerning this matter, please call:

Samantha Fitzgerald

Name of Person

at ( 954 ) 727-8163

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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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**The Four Lakes Enterprise 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:**

20225 NE 15th Court  
Miami, FL 33178

**Mailing Address:**

20225 NE 15th Court  
Miami, FL 33178

**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:

Samantha J. Fitzgerald, Esq.

Name

950 S. Pine Island Road, Suite A-150

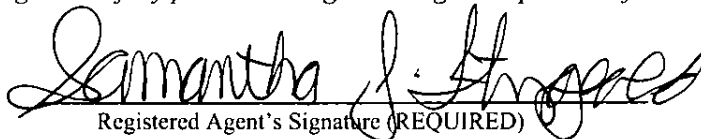
Florida street address (P.O. Box **NOT** acceptable)

Plantation

FL 33324

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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**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:**

MGRM

The Four Lakes Enterprise, Inc.  
20225 NE 15th Court  
Miami, FL 33179

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(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(5), 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.)

Guillermo Lagos, President, The Four Lakes Enterprise, Inc.

\_\_\_\_\_  
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)