

L/3000027065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

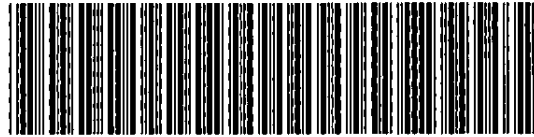
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

FEB 21 2013

A. LUNT

Office Use Only



400244892924

02/20/13--01004--008 **125.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 FEB 20 AM 9:45
NOTED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2013 FEB 20 AM 7:52
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 02/20/2013

REF. #: 002136.181256

CORP. NAME: LAKE CHARLES MANAGEMENT, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 103490 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

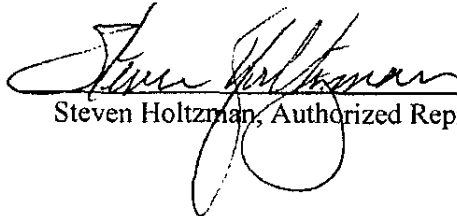
FILED
2013 FEB 20 AM 7:52
REC. CLERK OF DIST.
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
LAKE CHARLES MANAGEMENT, LLC
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida does set forth the following:

1. NAME. The name of the Limited Liability Company is Lake Charles Management, LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is 477 S. Rosemary Avenue, Suite 309, West Palm Beach, Florida 33401.
3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: NRAI Services, Inc., 515 East Park Avenue, Tallahassee, Florida 32301.

The undersigned has executed these Articles of Organization on the 19th day of February, 2013.


Steven Holtzman, Authorized Representative

**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 604.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: Lake Charles Management, LLC.
2. The name and address of the registered agent and office is:

NRAI Services, Inc.
515 East Park Avenue
Tallahassee, Florida 32301

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 its 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.



Michele Holden,
Asst. Secretary

NRAI Services, Inc., Registered Agent

02/20/2013

Date

FILED
2013 FEB 20 AM 7:52
CLERK OF COURT
TALLAHASSEE, FLORIDA