

L13000094869

(Requestor's Name)

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(City/State/Zip/Phone #)

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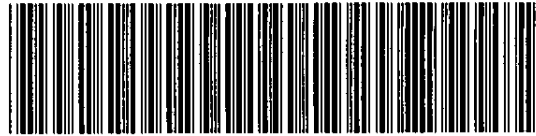
(Business Entity Name)

(Document Number)

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**FLORIDA FILING & SEARCH SERVICES, INC.**

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155 Office Plaza Dr Ste A Tallahassee FL 32301  
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**DATE:** 07/02/13

**NAME:** LAKESHORE 943 ASSOCIATES, LLC

**TYPE OF FILING:** ARTICLES OF ORGANIZATION

**COST:** 125.00 + 30.00 + 5.00

**RETURN:** CERTIFIED COPY AND GOOD STANDING

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Abbie Hodge*

2013 JUL -2 AM 9:10  
TALLAHASSEE, FL 32302  
STATE OF FLORIDA  
CLERK OF THE COURT

ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability company is LAKESHORE 943 ASSOCIATES, LLC

ARTICLE II - ADDRESS

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

Principal Office Address

123 Lakeshore Drive, Apt. 943  
North Palm Beach, FL 33408

Mailing Address

123 Lakeshore Drive, Apt. 943  
North Palm Beach, FL 33408

III. - Registered Agent, Registered Office & Registered Agent's Signature:

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

Robert Archibald  
123 Lakeshore Drive, Apt. 943  
North Palm Beach, FL 33408

*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)

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

Title

Name and Address

"MGR" - Manager

"MGRM" -Managing Member

MANAGING MEMBER-MGRM

Brian Archibald  
10 Hillcrest Road  
Caldwell, NJ 07006

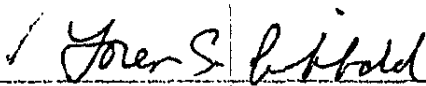
MANAGING MEMBER-MGRM

Loren S. Archibald  
18 Spring Island Drive  
Callawassie Island  
Okatie, SC 29909

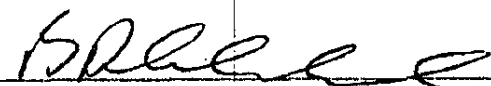
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STATE OF FLORIDA  
DEPARTMENT OF STATE

ARTICLE V: Effective date if other than the date of filing (optional)

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.)

  
\_\_\_\_\_  
Brian Archibald, Managing Member