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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUL 18 AM 10:33

JUL 19 2013  
T. HAMPTON

**SUBJECT: Lakes Investments, 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:

**Dr. Luis M. Jourdain**

Name of Person

**Lakes Investments, LLC**

Firm/Company

**124 Pompei Drive**

Address

**Haines City, Florida 34758**

City/State and Zip Code

**luis.jourdain@gmail.com**

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

For further information concerning this matter, please call:

**Luis M. Jourdain**

Name of Person

at **814 238-7920**

Area Code & Daytime Telephone Number

**814 883 2945 (CELL)**

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

The name of the Limited Liability Company is:

Lakes Investments, 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:**124 Pompei DriveKissimmee, Florida 34758**Mailing Address:**124 Pompei DriveKissimmee, Florida 34758**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:

Dr. Luis M. Jourdain

Name

124 Pompei DriveFlorida street address (P.O. Box **NOT** acceptable)KissimmeeFL34758

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)

Page 1 of 2

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"MGRM" = Managing Member

Manager/Owner:

Luis M. Jourdain

124 Pompei Drive

Kissimmee, FL 34758

Managing Member

Alejandrina P. Jourdain

124 Pompei Drive

Kissimmee, FL 34758

(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. 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, P.S.)

Luis M. Jourdain

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)

Page 2 of 2

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