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(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: Vero B		mited Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	spondence concerning this m	natter to the following:	
Laura Bi	rd	Name of Person	
Vero Bea	ach Lacrosse LLC		
		Firm/Company	
490 21st	Street		
		Address	
Vero Bea	ach, FL, 32960 (City/State and Zip Code	
vblax@att.net			 1
	E-mail address: (to be use	ed for future annual report notifica	ation) Acceptance
For further informatio	n concerning this matter, ple	ase call:	2014 APR 14 SECRETARY ALL AHASSE
Laura Bird	at (772) 643-3809	(-7,
	ne of Person	Area Code Daytime Te	lephone Number
Enclosed is a check fo ✓ \$125.00 Filing Fee	or the following amount: \$\Bigsim\\$130.00\text{ Filing Fee & Certificate of Status}	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address	Street/Courier Add	ress

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	any is:	
Vero Beach Lacrosse LLC	161: 11:12: 0 61.1	0.7
(Must end with the	words "Limited Liability Company, "L.L.	C.," or "LEC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
Vero Beach Lacrosse	Golf Roundup	
490 21st Street	490 21st Street	
Vero Beach, FL 32960	Vero Beach, FL 329	60
another business entity with an active Flo The name and the Florida street address of Laura Bird 1765 Covey Ru	of the registered agent are: Name	
	dress (P.O. Box NOT acceptable)	_
	<u> </u>	
Vero Beach	FL 32968	
	City Zip	20
the place designated in this certificate capacity. I further agree to comply with of my duties, and I am familiar with an	and to accept service of process for the about 1 hereby accept the appointment as regis in the provisions of all statutes relating to the accept the obligations of my position as Chapter 605, F.S A Agent's Signature (REQUIRED)	ove stated limited liability company at tered agent and agree to act in this man
	(CONTINUED)	

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Laura Bird
	1765 Covey Run Ct. SW
	Vero Beach, FL 32968
MGR	Jennifer Rock
	1795 Covey Run Ct. SW
	Vero Beach, FL 32968
AMBR	Robert Bird
	1765 Covey Run Ct. SW
	Vero Beach, FL 32968
AMBR	Christopher Rock
	1795 Covey Run Ct. SW
	Vero Beach, FL 32968
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date	e of filing: (OPTIONAL)
	pecific and cannot be more than five business days prior to or 90 days afte
ARTICLE VI: Other provisions, if any.	

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.)

Laura Bird

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)

REQUIRED SIGNATURE

ARTICLE IV-

CRETARY OF STATE -AHASSEC, FLORIDA