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K.SALY EXAMINER MAY 1 3 2014



ON SERVICE COMPANY.
ACCOUNT NO. : 12000000195
REFERENCE: 117189 4310149
AUTHORIZATION: Spulle Man
COST LIMIT : \$ 125.00
ORDER DATE: May 8, 2014
ORDER TIME: 9:36 AM
ORDER NO. : 117189-010
CUSTOMER NO: 4310149
DOMESTIC FILING
NAME: LSP FOUNDERS, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Emily Gray EXT. 62925
EXAMINER'S INITIALS:



May 9, 2014

CSC

RESUBMIT

Please give original submission date as file date.

SUBJECT: LSP FOUNDERS, LLC Ref. Number: W14000029305

We have received your document for LSP FOUNDERS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes

Please remove the reference to 608 in the registered agent's acceptance.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 114A00009939

# ARTICLES OF ORGANIZATION OF LSP FOUNDERS, LLC

(a Florida Limited Liability Company)

FILED

2014 MAY -8 AM 9: 01

SECRETARY OF STATE
FALLAHASSEE, FLORING

The undersigned hereby forms a limited liability company under the Florida Limited Liability Company Act.

# **ARTICLE I**

The name of the limited liability company is LSP Founders, LLC (the "Company").

## **ARTICLE II**

The mailing address and street address of the principal office of the limited liability company is:

Principal Office Address: 841 NE 33<sup>rd</sup> Street Boca Raton, FL 33431 Mailing Address: 841 NE 33<sup>rd</sup> Street Boca Raton, FL 33431

### ARTICLE III

The Registered Agent for Service for the Company shall be James Fiore, having a business address of 841 NE 33<sup>rd</sup> Street, Boca Raton, FL 33431 and a residence address at 841 NE 33<sup>rd</sup> Street, Boca Raton, FL 33431.

Having been named as registered agent and to accept service of process for the above state limited liability company at the place designed 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 in Chapter 605 of the Florida Statutes.

**ARTICLE IV** 

The name and address of the Manager and Member is: James Fiore, 841 NE 33<sup>rd</sup> Street, Boca Raton, FL 33431.

[Signature Page Follows]

In accordance with Section 605.0203 (1)(b) of the 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 Section 817.155 of the Florida Statutes.

Dated: April 30, 2014

LSP Founders, LLC