

L 14 00 0103077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

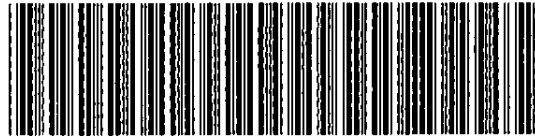
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/25/14--01002--022 **160.00

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JUN 24 14 4 30
SUFFICIENT OF FILING
14 JUN 24 PM 14 15
TALLAHASSEE, FLORIDA

604-395-4005

T. Burch JUN 27 2014

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

FILING COVER SHEET

ACCT. #FCA-23

CONTACT: SAVANNAH DEBOER

DATE: 06/24/2014

REF. #: 7327672.9189226

CORP. NAME: LAKEVIEW OPERATOR LLC

☐ ARTICLES OF INCORPORATION ☐ ARTICLES OF AMENDMENT ☐ ARTICLES OF DISSOLUTION

☐ ANNUAL REPORT ☐ TRADEMARK/SERVICE MARK ☐ FICTITIOUS NAME

☐ FOREIGN QUALIFICATION ☐ LIMITED PARTNERSHIP ☒ LIMITED LIABILITY

☐ REINSTATEMENT ☐ MERGER ☐ WITHDRAWAL

☐ CERTIFICATE OF CANCELLATION

☐ OTHER:

STATE FEES PREPAID WITH CHECK # 70022472 FOR \$ 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

☒ CERTIFIED COPY
☒ CERTIFICATE OF GOOD STANDING
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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2014 JUN 26 AM 3:43

June 25, 2014

CORPDIRECT AGENTS, INC.
ATTN: SAVANNAH DEBOER

SUBJECT: LAKEVIEW OPERATOR LLC
Ref. Number: W14000039545

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
6/24/14

We have received your document for LAKEVIEW OPERATOR LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete article IV. (name and title)

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.

Tim Burch
Regulatory Specialist II

Letter Number: 314A00013750

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
6/24/14

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
6/24/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAKEVIEW OPERATOR 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:

Mailing Address:

100 NORTH TAMPA STREET

100 NORTH TAMPA STREET

SUITE 3550

SUITE 3550

TAMPA, FL 33602

TAMPA, FL 33602

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:

NRAI SERVICES, INC.

Name

1200 SOUTH PINE ISLAND ROAD

Florida street address (P.O. Box **NOT** acceptable)

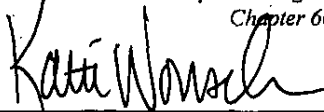
TALLAHASSEE

FL 33324

City

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 605, F.S..



Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
14 JUN 24 PM 4:16
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

STUART D. LINDEMAN

MGR

Name and Address:

100 NORTH TAMPA STREET, SUITE 3550

TAMPA, FL 33602


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: XXX (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE


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.)

STUART D. LINDEMAN, AUTHORIZED REP

Typed or printed name of signer

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)