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SECRETARY OF STATE
TALL AHASSEE FLORIDA

AUG - 6 2014 T. HAMPTON

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

8/5/14

NAME: LR OVERSEAS (US) LLC

TYPE OF FILING: ARTICLES

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

	tration Section on of Corporations
CURFFOT.	R Overseas (US) LLC
SUMECT: =	Name of Limited Liability Company
	Articles of Organization and fec(s) are submitted for filing.
r rease return at	1 contrapondence concerning and matter to the following.
	Name of Person
Ca	apitol Services – Corporate Filings Team
	Firm/Company
80	0 Brazos Ste 400
	Address
<u>Au</u>	stin TX 78701
	City/State and Zip Code
displan	E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
	at ( 800 ) 345-4647  Name of Person Area Code Daytime Telephone Number
Enclosed is a ci	Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}} \int_{\text{S155.00 Filing Fee & Certificate of Status}} \int_{\text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LR Overseas (US) LLC	
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address: Maili	ing Address:
8111 NW 53rd Street	Citco Corporate Services Inc.
Doral, FL 33166	350 Park Avenue, 29th Floor
	New York, NY 10022
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	d agent are:
Capitol Corporate	e Services, Inc.
Namo	3
155 Office Pla	aza Dr Ste A
Florida street address (P.O. Box	x <u>NOT</u> acceptable)
Tallahassee	FJ, 32301 Zip
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	ervice of process for the above stated limited liability company at of the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in other 605, F.S
Anda Au Registered Agent's Signatu	Kn/h Ali , Asst. Sec. on behalf of Capitol Corporate Services, Inc. urc (REQUIRED)
(CONTINU	JED) TALE

Page 1 of 2

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TALLAHASSEE FLORIDA

Title: "MGR" = Manager	Name and Address:
MGR	Brian Cole
	55 Baker Street
	South Block, 8th Floor
	London W1U 8EW
	United Kingdom
(Use attachment if necessary)	
CLE V: Effective date, if other than the date	of filing: (OPTIONAL)
effective date is listed, the date must be spe te of filing.)	eific and cannot be more than five business days prior to or 90 da
ic or ming)	
CLE VI: Other provisions, if any.	
CLE VI: Other provisions, if any.	
CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	

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.)

Citco Management Services Trust

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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