L1500003120

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
1	Office Head Onl	



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2014

SAUNDRA MILAKOVICH 1427 CHLOE TERRACE SEBRING, FL 33870

SUBJECT: LAKESIDE CARPENTRY LLC

Ref. Number: W14000075760

We have received your document for LAKESIDE CARPENTRY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LEG". The following suffixes are no longer acceptable: "Limited Company," "LC," "Ltd.," and "Co."

The document number of the name conflict is P08000031978.

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.

Tammi Cline Regulatory Specialist II 2014 DEC 23 PH 3: 13

www.sunbiz.org

Letter Number: 114A00027034

COVER LETTER

	Corporations	entry of Highly mited Liability Company	and County, a	LCC.	,
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.			
Please return all corre	espondence concerning this m	natter to the following:			
	Saundra V	MilaKovich			
		Name of Person			
		Firm/Company		_	
1-	427 Chlory	Ollace.			
	10.	Address		_	
4	Sebrina 4	Address Louda 33810 City/State and Zip Code		~~	
	J (City/State and Zip Code		- 3	وتوريد
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ror turner informatio	on concerning this matter, ple	ase can:	# J	P	1
Spunda 1	nolakara at (843	29 Signatural Signatura Signatur	ယ္	
Nar	ne of Person	Area Code Daytime Te	lephone Number	ည	
Enclosed is a check for	or the following amount:				
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is encl		
	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 Company is:
Lokesich Conpenty of Hishlands County UC. (Must end with the words "Limited Biability 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:
Har Chbe Terrow Har Chbe Turce Sebrer 4133870
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:
Name 1427 Chlor Terroce
Name
1427 Chese Jeliace
Florida street address (P.O. Box NOT acceptable)
Sebring FL 33870 City Zip
City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company 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
Registered Agent's Signature (REQUIRED)
(CONTINUED)
(CONTINUED) Page 1 of 2 (CONTINUED) Page 1 of 2
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EFFECTIVE DATE_01-101-15

(In accordance with section 60: constitutes an affirmation under I am aware that any false information constitutes a third degree felony.	r the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of Sty as provided for in s.817.155, F.S.) MARIE L MILDKAY Q Typed or printed name of signee Filing Fees: [anization and Designation of Registered Agent	e true.	2014 DEC 23 PM	
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- Jung	mber or an authorized representative of a member.	locument	-	
REQUIRED SIGNATURE:	du Am Oil			_
	of filing: Thouary 1, 2015. (OPTION ceific and cannot be more than five business days pri		90 day	vs after
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Ambr	Sepring 41. 33 Saunda L Milpka John S. Milpka 1427 Chloe Joine Sepring 41 338	3870 1162 170	- - -	
HMBR	John S. Miloka	lich	-	
"AMBR" = Authorized Member "MGR" = Manager				
	Name and Address:			