

L15000010733

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(Address)

(City/State/Zip/Phone #)

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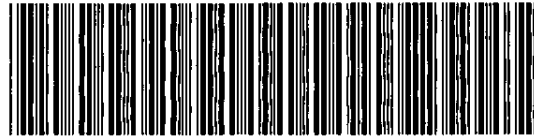
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

15 JAN 20 PM 12:17

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15 JAN 20 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
1-16-15

JAN 21 2015

T. BROWN

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**FLORIDA FILING & SEARCH SERVICES, INC.**

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**DATE: 1/20/15**

**NAME: LSA RECREATION, LLC**

**TYPE OF FILING: ARTICLES**

**COST: 130.00**

**RETURN: PLAIN COPY AND GOOD STANDING PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Attoche*

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LSA RECREATION, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADRIANO R GONZALEZ, ATTORNEY  
Name of Person

ADRIANO R GONZALEZ, ATTORNEY AT LAW  
Firm/Company

POST OFFICE BOX 1127  
Address

STUART, FLORIDA 34995  
City/State and Zip Code

argfl@msn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adriano R Gonzalez at (772) 223-1055  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 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

EFFECTIVE DATE  
1-16-15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LSA RECREATION, 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:

6541 SE BROADMOOR LANE  
STUART, FLORIDA 34997

Mailing Address:

POST OFFICE BOX 1127  
STUART, FLORIDA 34995

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:

ADRIANO R. GONZALEZ

Name

6541 SE BROADMOOR LANE

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

STUART

City

FL 34997

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.*

Adriano Gonzalez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

ADRIANO R GONZALEZ

POST OFFICE BOX 1127

STUART, FLORIDA 34995

N/A

N/A

N/A

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JANUARY 16, 2015 (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.

The company will request the Internal Revenue Service to be treated as an operating agreement group that does not actively conduct business pursuant to current tax regulations

**REQUIRED SIGNATURE:**

Adriano Gonzalez

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (6), 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.)

ADRIANO R GONZALEZ

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)