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Florida Department of State
Division of Corporations
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To:

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Fax Number : (850) ~~617-6381~~ 245-6804

From:

Account Name : BUCHANAN INGERSOLL & ROONEY PC - TAMPA OFFICE
Account Number : I19990000148
Phone : (813) 769-7692
Fax Number : (813) 384-2818

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Lakeside Apartments, LLC

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15 NOV 24 PM 2:28

BUCHANAN INGERSOLL & ROONEY
TAMPA, FLORIDA

November 24, 2015

BUCHANAN INGERSOLL & ROONEY PC - TAMPA OFFICE **2nd**

SUBJECT: LAKESIDE, LLC
REF: W15000076421

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L12000044189 - LAKESIDE COMPANY LLC.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II

FAX Aud. #: H15000276896
Letter Number: 915A00024651

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**ARTICLES OF ORGANIZATION
OF
LAKESIDE APARTMENTS, LLC**

The undersigned, acting as the authorized representative of the organizing member of a limited liability company under the Florida Revised Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

ARTICLE I
Name

The name of the limited liability company is Lakeside Apartments, LLC.

ARTICLE II
Principal Office and Mailing Address

The street and mailing address of the principal office of the Company is c/o Robert Kapusta, Fisher & Sauls, P.A., 100 2nd Avenue South, Suite 701, St. Petersburg, FL 33701.

ARTICLE III
Initial Registered Agent and Office

The street address of the initial registered office of the Company is 1200 South Pine Island Road, Plantation, Florida 33324, and the name of its initial registered agent at that address is C T Corporation System.

ARTICLE IV
Management

The Company shall be manager-managed. The initial Manager will be Robert Kapusta.

ARTICLE V
Effective Date

These Articles of Organization shall be effective as of the date of filing.

Dated this 19th day of November, 2015.

By: /s/ Richard A. Jacobson
Name: Richard A. Jacobson
Title: Authorized Representative

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ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for Lakeside Apartments, LLC, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent.

Dated this 19th day of November, 2015.

REGISTERED AGENT:

C T Corporation System

By: 
Name: _____
Its: _____

Angel Nunez
Assistant Secretary

48455815

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