

L20000199448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

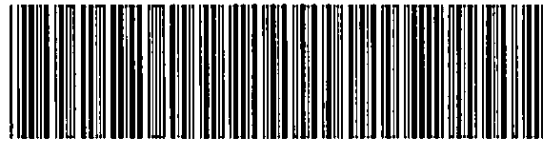
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 JUL 17 AM 9:49
TALMONT, OH

JUL 20 2020

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017
Date: 7-15-20

Requestor Name: Carlton Fields
Address: Post Office Drawer 190
Tallahassee, Florida 32302
Telephone: (850) 513-3619 - direct
(850) 224-1585

AUTHORIZED AMOUNT TO
DEDUCT FROM ACCOUNT
\$ 155.00

Contact Name: Kim Pullen, CP, FRP

Corporation Name: Lakeview Investment Group, LLC

Email Address: cpatten@aegismedicalgroup.com

Entity Number: _____
Authorization: Kim Pullen

- | | |
|--|-----------------------------|
| <input checked="" type="checkbox"/> Certified Copy | _____ Certificate of Status |
| <input checked="" type="checkbox"/> New Filings | _____ Plain Stamped Copy |
| _____ Fictitious Name | _____ Annual Report |
| | _____ Amendments |
| | _____ Registration |

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Call When Ready | <input checked="" type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |

RECEIVED
DEPARTMENT OF STATE
20 JUL 17 PM 3:03

CF Internal Use Only
Client: 10467 Matter: 45335
Name: C. Keane Office: TPA
(Mockey)

**ARTICLES OF ORGANIZATION OF
LAKEVIEW INVESTMENT GROUP, LLC**

The undersigned, as the authorized representative of the organizing members 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 Company is Lakeview Investment Group, LLC.

ARTICLE II

Initial Principal Office Street and Mailing Address

The Company's initial principal office and mailing address is 18550 U.S. Highway 441, Suite A, Mount Dora, FL 32757.

ARTICLE III

Initial Registered Agent and Office

The street address of the registered office of the Company is 100 S. Ashley Drive, Suite 400, Tampa, FL 33602, and the name of its registered agent at such address is CF Registered Agent, Inc.

ARTICLE V

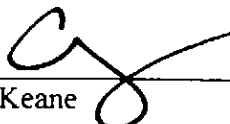
Authorized Representative

The name and address of the authorized representative is:

<u>Name</u>	<u>Address</u>
Cristin C. Keane	4221 W. Boy Scout Boulevard Suite 1000 Tampa, FL 33607

Dated this 10th day of July 2020.

Authorized Representative:



Cristin C. Keane

2020 JUL 17 AM 9:49

P.L.L.C.

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, 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 its duties, and is familiar with and accepts the duties and obligations of its position as registered agent.

Dated this 10th day of July 2020.

REGISTERED AGENT:

CF Registered Agent, Inc.

By: 
Cristin Keane, Authorized Representative