Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000256622 3)))



H200002566223ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARSKI PA

Account Number : 076424000767

: (305)442-3334

Phone Fax Number

: (305)443-3292

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

mail Address: Orivera@ Liegfried rive

## FLORIDA LIMITED LIABILITY CO.

LPI Rockledge, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2820 AUG -3 AM 11: 28

Electronic Filing Menu

Corporate Filing Menu

Help

T. BURC

[H20000256622 3]

## **COVER LETTER**

TO: Registration Department Division of Corporations

SUBJECT:	LPI ROCKLEDGE, 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:

Oscar R. Rivera, Esq.
Siegfried, Rivera, Hyman, Lerner, De La Torre, Mars & Sobel, P.A.
8211 West Broward Boulevard, Suite 250
Plantation, Florida 33324
orivera@srhl-law.com

For further information concerning this matter, please call:

Oscar R. Rivera, Esq. Telephone: 954-781-1134

## [H20000256622 3]

## ARTICLE I - NAME:

The name of the Limited Liability Company is: LPI ROCKLEDGE, LLC.

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liabilit is:

**Principal Office Address:** 

665 Antone Street, N.W. Atlanta, GA. 30319

Mailing Address:

665 Antone Street, N.W Atlanta, GA 30319

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The Name and the Florida Street address of the Registered Agent is SKRLD, INC., 8211 West Broward Boulevard, Suite 250, Plantation, Florida 33324.

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.

> Oscar R. Rivera, Registered Agent Florida Bar No.:329193

ARTICLE IV - MANAGER/DIRECTORS

Title: MGR

Name and Address

Thomas E. Lewis 665 Antone Street, N.W. Atlanta, GA. 30319

[H20000256622 3]

REQUIRED SIGNAT	Joseph Jo
	Signature of a member or authorized representative of a member

(In accordance with section 605.0203(1) (b), 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 fellony as provided for in s.817.155.F.S.}

OSCAR R. RIVERA
Type or printed name of signee

TALLAHASSEF OF STATE