L20000265926

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne)
(Do	cument Number)	-
Certified Copies	_ Certificates	of Status
Special Instructions to f	Filing Officer:	

Office Use Only



700350371457

00/10/20 10/01 mill + 130.

2020 AUG 18 AH 10: 23



COVER LETTER '

_	New Filing Sec Division of Co	•			
SUBJEC	Lion Shore	Development, LLC			
OODJEC		Name of	Limited Liab	pility Company	
The encle	osed Articles of	Organization and fee(s)	are submitt	ed for filing.	
Please ret	turn all correspo	ondence concerning this	matter to the	e following:	
	Julian Cover				
			Name	of Person	
	Lion Shore I	Development, LLC			
	-		Firm/0	Company	
	437 34th Str	cet			
			Ad	dress	
	West Palm E	Beach, FL 33407			
	julianjcover@	gmail.com	City/State	and Zip Code	
	ī	E-mail address: (to be us	ed for future	annual report notification	on)
For further	information co	ncerning this matter, ple	ase call:		
	Julian Cover	at (561	543-1184	
	Nam	e of Person	Area Code	Daytime Telephone	Number
Enclosed	is a check for the	he following amount:			
□\$125.0	0 Filing Fee	■\$130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & ified Copy onal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assec, FL 32314		Street Address New Filing Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle \mathcal{C}_{ij}

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Lion Shore Development, LLC	
(Must conatin the words "Limited Liabi	ty Company, "L.L.C.," or "LLC.")
TICLE II - Address:	
TICLE II - Address: c mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
e mailing address and street address of the principal office	

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Julian Cover		
	Name	
437 34th Street		
Florida street address	(P.O. Box NOT acc	reptable)
West Palm Beach	Florida	33407
City	State	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 AUS 18 AM 10: 23

ARTICLE IV-

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

MBR P	Alan Ballinger 2.O. Box 766 Palm Beach, FL 33480 Craig McKenzie 339 Beacon Circle Wellington, FL 33414	
MBR	Alan Ballinger 2.O. Box 766 Palm Beach, FL 33480 Craig McKenzie 339 Beacon Circle	
MBR P	Alan Ballinger 2.O. Box 766 Palm Beach, FL 33480 Craig McKenzie 339 Beacon Circle	
MBR P	Alan Ballinger 2.O. Box 766 Palm Beach, FL 33480 Craig McKenzie 339 Beacon Circle	
MBR P	Alan Ballinger 2.O. Box 766 Palm Beach, FL 33480 Craig McKenzie 339 Beacon Circle	
MBR C	Craig McKenzie 339 Beacon Circle	
MBR C	Craig McKenzie 339 Beacon Circle	
<u>F</u> MBR <u>C</u>	Palm Beach, FL 33480 Craig McKenzie 339 Beacon Circle	
1	339 Beacon Circle	
1	339 Beacon Circle	
	339 Beacon Circle Wellington, FL 33414	
	Wellington, FL 33414	
- -		
_		
se attachment if necessary)		
it's effective date on the Department of Sta	he applicable statutory filing requirements, this date with the seconds.	it not n
1: Other provisions, if any.		<u>-</u>
OUIRED SIGNATURE:		
× IL		
01	r or an authorized representative of a member.	<u> </u>
Signature of a member		
This document is executed in	accordance with section 605.0203 (1) (b), Florida Statu	
This document is executed in I am aware that any false infor	accordance with section 605.0203 (1) (b), Florida Staturmation submitted in a document to the Department of S	State
This document is executed in I am aware that any false infor	accordance with section 605.0203 (1) (b), Florida Statu	State
This document is executed in I am aware that any false infor constitutes a third degree felor	accordance with section 605.0203 (1) (b), Florida Staturmation submitted in a document to the Department of S	State
This document is executed in I am aware that any false infor constitutes a third degree felor Julian Cover	accordance with section 605.0203 (1) (b), Florida Staturmation submitted in a document to the Department of Says as provided for in s.817.155, F.S.	State
This document is executed in I am aware that any false infor constitutes a third degree felor Julian Cover	accordance with section 605.0203 (1) (b), Florida Staturmation submitted in a document to the Department of S	
This document is executed in I am aware that any false infor constitutes a third degree felor Julian Cover	accordance with section 605.0203 (1) (b), Florida Staturmation submitted in a document to the Department of Says as provided for in s.817.155, F.S.	State
This document is executed in I am aware that any false infor constitutes a third degree felor Julian Cover Typ	accordance with section 605.0203 (1) (b), Florida Staturmation submitted in a document to the Department of S ny as provided for in s.817.155, F.S. ped or printed name of signee	tate 2020 AUS 18
This document is executed in I am aware that any false infor constitutes a third degree felor Julian Cover Typ	accordance with section 605.0203 (1) (b), Florida Staturmation submitted in a document to the Department of S my as provided for in s.817.155, F.S. ped or printed name of signee Filing Fees:	tate 2020 AUS 18
This document is executed in I am aware that any false infor constitutes a third degree felor Julian Cover Type 125.00 Filing Fee for Articles of Organiza	accordance with section 605.0203 (1) (b), Florida Staturmation submitted in a document to the Department of S my as provided for in s.817.155, F.S. ped or printed name of signee Filing Fees:	ae 2020 AUS 1