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(F	Requestor's Name)			
(/	Address)	<u> </u>		
(/	Address)			
(0	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 NOV 20 AH % 12 SECKETSAY OF STATE THILL SHASSEE, FL

PRECEIVED PHIZ: 32

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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com





ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Stops mstops@incserv.com

850.656.7953

REQUEST DATE 11/19/2020

PRIORITY Routine

OUR REF # (Order ID#) 869562

ORDER ENTITY

LSHRE HOLDINGS LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
LSHRE HOLDINGS LLC (FL)

New LLC filing

NOTES:____

\$125.00 Authorized

Email address for annual report reminders: babinkid@gmail.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, November 19, 2020 Page 1 of 1

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 NOV 20 AH 9- 12

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

LSHRE Holdings LLC	n the words "Limited Liab	vility Company '	1 C " or " C ")
(141BSC COMMA)	ir the words Children Clas	onity Company,	E.L.C., Of LLC.
LE II - Address:			
ling address and street add	iress of the principal office	e of the Limited	Liability Company is:
Principal Office Address:			Mailing Address:
2016 Lula Road		2016	Lula Road
Minneola, Florida 34715		Minneola, Florida 34715	
LE III - Registered Agen nited Liability Company o business entity with an ac	t, Registered Office, & R	legistered Agen gistered Agent. Y	
LE III - Registered Agen nited Liability Company o business entity with an ac	t, Registered Office, & R annot serve as its own Reg tive Florida registration.)	legistered Agen gistered Agent. Y ent are:	t's Signature: 'Ou must designate an individu
LE III - Registered Agen nited Liability Company o business entity with an ac	t, Registered Office, & Rannot serve as its own Regive Florida registration.) dress of the registered age Travis Rentz c/o Godbol	legistered Agen gistered Agent. Y ent are:	t's Signature: 'Ou must designate an individu
LE III - Registered Agen nited Liability Company o business entity with an ac	t, Registered Office, & Rannot serve as its own Regive Florida registration.) dress of the registered age Travis Rentz c/o Godbol	legistered Agen gistered Agent. Y ent are: id, Downing, Bil ame	t's Signature: 'Ou must designate an individu
LE III - Registered Agen nited Liability Company o business entity with an ac	t, Registered Office, & Registered Office, & Registered as its own Registered and dress of the registered age Travis Rentz c/o Godbol	Registered Agent y sistered Agent. Y ent are: Id, Downing, Bil ame	t's Signature: 'Ou must designate an individu
LE III - Registered Agen nited Liability Company of business entity with an act c and the Florida street ad	t, Registered Office, & Registered Office, & Registered Serve as its own Register Florida registered age dress of the registered age Travis Rentz c/o Godbol Na	Registered Agent y sistered Agent. Y ent are: Id, Downing, Bil ame	t's Signature: 'Ou must designate an individu

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)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	David P. Babinski
	2016 Lula Road Minneola, Florida 34715
	(A) IND
	——————————————————————————————————————
	SECKET SECKET
	20 X
	<u> </u>
	F SI
n effective date is listed, the date must be speci date of filing.)	filing:
REQUIRED SIGNATURE:	PBM.
This document is executed I am aware that any false ir	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes, iformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
David P. Babinski	Typed or printed name of signee
	r special or personal name or 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)