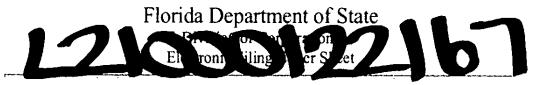
Division of Corporations



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(((H21000118510 3)))



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Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number : (516)935-3088

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

Email Address: HARRY@SAMUELSACCOUNTING.COM

## FLORIDA LIMITED LIABILITY CO. LIGHTHOUSE DOCKSIDE SERVICES LLC

Certificate of Status	1
Certified Copy	0
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Help

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## AKTYCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ıy is:			
LIGHTHOUSE	DOCKSID	E SEDI	ACES LLC	
(Must end with the w				C.," or "LLC.")
ARTICLE II - Address:				
The mailing address and street address of				ity Company is:
Principal Office Address:	<u>Mailin</u>	ng Addres	<u>is:</u>	
3710 NE 26TH AVENUE			NE 26TH AV	
LIGHTHOUSE POINT, FL 33064		LIGHT	THOUSE PO	INT, FL 33064
ARTICLE III - Registered Agent, Registered Agent, Registered Limited Liability Company cannot see another business entity with an active Florida street address of	erve as its own l rida registration	Registered 1.)	l Agent. You m	
The name and the Florida street address of	use registered	agent are:		
RONALD M K		· · · · · · · · · · · · · · · · · · ·		<u> </u>
	Name			
3710 NE 26T	H AVENUE			
Florida street add	ress (P.O. Box	NOT acc	eptable)	
LIGHTHOUS	E POINT	FL	33064 Zip	
	City		Zip	
Having been named as registered agent as the place designated in this certificate, capacity. I further agree to comply with of my duties, and I am familiar with and Registered	I hereby accept the provisions of I accept the obli	the appoint of all statusing ations of the control	intment as regisites relating to the firm position as S	tered agent and agree to act in this he proper and complete performance
	(CONTINUI	EĐ)		
	Page 1 of 2			

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	RONALD M KEYS
MGR	3710 NE 26TH AVENUE
	LIGHTHOUSE POINT, FL 33064
	·
(Use attachment if necessary)  LE V: Effective date, if other than the date	of filing: . (OPTIONAL)
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 or
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.)	
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.)  LE VI: Other provisions, if any.	
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.)	
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E V: Effective date, if other than the date lective date is listed, the date must be spe of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	mber or an authorized representative of a member.
E V: Effective date, if other than the date fective date is listed, the date must be spend filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a menu (In accordance with section 6)	mber or an authorized representative of a member.
E V: Effective date, if other than the date fective date is listed, the date must be spe of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mere (In accordance with section of constitutes an affirmation units)	mber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date fective date is listed, the date must be spe of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section of constitutes an affirmation up I am aware that any false interests.)	mber or an authorized representative of a member.
LE V: Effective date, if other than the date  Tective date is listed, the date must be spe of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section of constitutes an affirmation ur I am aware that any false interests.	mber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State

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