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COVER LETTER

TO:	New Filing Sect Division of Cor	don porations					
EMD H	Lakeshore	-					
SUBJI	ECT:		of Limited Li	ability Company			
The en	closed Articles of (Organization and fe	e(s) are subm	itted for filing.			
Please	return all correspo	ndence concerning	this matter to	the following:			
	Fred Borthwi	ck					
			Nam	e of Person			•
				-			
			Firn	n/Company			-
	33040 Lakesl	hore Dr.					rya T
	 			Address		,	
	Tavares, Flor	ida, 32778					
	0	1	City/Stat	e and Zip Code			
	fborth@gmail		used for fit	ure annual report notificati	(an)		- IX
				me amuan report normean	.011)	2	AM 10: 42
For furt	her information cor	ncerning this matter	, please call:				12
	Fred Borthwid	c k	614 as (282-2883			
	Name	e of Person	Area Coo	de Daytime Telephon	e Number		
Enclos	sed is a check for th	ne following amoun	t:				
□\$12	5.00 Filing Fee	☐\$130.00 Filing Certificate of Sta	tus Çe	\$155.00 Filing Fee & ertified Copy tional copy is enclosed)	☐\$160.001 Certificate Certified Co (additional co	of Status & opy	č
	New Fi Divisio P.O. Be	g Address ling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	assee et, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabi	nty Company is:		
Lakeshore Clay LL	C		
(Must cor	ntain the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street	address of the principal	office of the Limite	ed Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
33040 Lakeshore D	r	<u></u> <u>33</u>	040 Lakeshore Dr.
Tayares, Florida, 32	2778	<u></u>	vares, Florida, 32778
ARTICLE III - Registered As (The Limited Liability Compar another business entity with ar The name and the Florida stree	ny cannot serve as its own active Florida registrati	n Registered Agen on.)	ent's Signature: t. You must designate an individual or
	Northwest Registere	d Agent LLC	
		Name	
	7901 4th St N. STE	300	
	Florida street addre	ss (P.O. Box NOT	acceptable)
	St. Petersburg	Ħ	33702
	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)

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ARTICLE IV-

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

Title: "AMBR* = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	Fred Borthwick		
	33040 Lakeshore Dr.		
	Tavares, Fl. 32778		
			
	· · · · · · · · · · · · · · · · · · ·		
(Use attachment if necessary)			
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