

L23000022584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



200385985022

04/21/22--01009--009 ++155.00

04/21/22--01009--010 ++5.00

63

FILED

2023 JAN -5 AM 4:00

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Office Use Only

WJW 64743

T. SCOTT

JAN 20 2023

0 L



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 18, 2022

JOHN J. MCCUTCHEN  
12664 CORAL LAKES DRIVE  
BOYNTON BEACH, FL 33437

SUBJECT: LAKESIDE SERVICES, LLC  
Ref. Number: W22000064743

We have received your document for LAKESIDE SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 322A00011336

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: LAKESIDE SERVICES 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:

JOHN J. McCutchen  
Name of Person

LAKESIDE SERVICES, LLC  
Firm/Company

12664 CANAL LAKES DRIVE  
Address

BOYNTON BEACH, FL 33497  
City/State and Zip Code

J.MC2X9@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN McCutchen ( 631 ) 987-6994  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAKESIDE SERVICES, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

12664 Coral Lakes Drive  
Boynton Beach, FL 33437

SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JOHN J. McCUTCHER

Name

12664 Coral Lakes Drive

Florida street address (P.O. Box **NOT** acceptable)

Boynton Beach, FL 33437

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.,

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 JAN -5 AM 4:02

FILED

63

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

AMBR John J. McCutchen  
12664 Coral Lakes Drive  
Boynton Beach, FL 33437

MGR

JOHN J McCutchen  
12664 Coral Lakes Drive  
Boynton Beach FL 33437

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Immediate (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

John J. McCutchen

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

John J. McCutchen

Typed or printed name of 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)