

L23000411724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

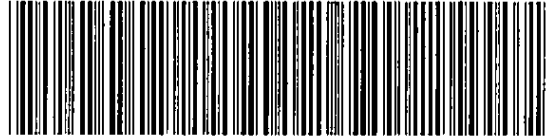
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



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07/18/23--01017--010 ♦♦155.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2023 JUL 19 PM 3:16

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Lake Lucerne Lifestyle Holdings 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:

Dr Gustavo De Oliveira

Name of Person

Gustavo De Oliveira DMD PA

Firm/Company

112 S Lucerne Circle E

Address

Orlando FL 32801

City/State and Zip Code

droliveira@lakelucernedentistry.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madeline Maldonado

917

388 0438

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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:

Lake Lucerne Lifestyle Holdings 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:

112 S Lucerne Circle E, Orlando FL 32801

Mailing Address:

112 S Lucerne Circle E, Orlando FL 32801

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:

Dr Gustavo De Oliveira

Name

112 S Lucerne Circle E

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

Orlando

FL

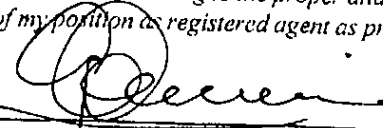
32801

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..

X 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JUL 10 PM 3:16

SECRETARY OF STATE  
CLERK OF COURT

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Dr Gustavo De Oliveira  
112 S Lucerne Circle E  
Orlando FL 32801

MGR

Madeline Maldonado  
112 S Lucerne Circle E  
Orlando FL 32801

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2023 JUL 13 PM 3:15

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 12, 2023. (OPTIONAL)

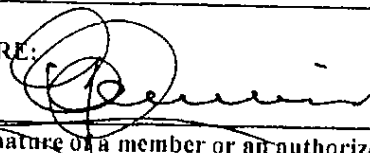
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

N/A

**REQUIRED SIGNATURE:**

X 

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.

DR GUSTAVO DE OLIVEIRA

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)