

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print on page and use as a reference type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : EXPRESS BUSINESS & TAX SERVICES INC  
Account Number : 120220000138  
Phone : (786)239-9353  
Fax Number : (305)675-8465

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

Email Address: AIMET@EXPRESSTAXSVCS.COM

RECEIVED

2024 OCT -1 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.  
LAKE SIDE PETRO LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

2024 OCT -1 PM 12:17

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: LAKESIDE PETRO 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:

MD LUTFUL IMAD

Name of Person

LAKESIDE PETRO LLC

Entity

2398 FL - 70

Address

OKEECHOBEE, FL 34972

City/State and Zip Code

AIMET@EXPRESSTAXSVCS.COM

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

For further information concerning this matter, please call:

MD LUTFUL IMAD

at

305

364-5123

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

2024 OCT -1 PM 2:19  
Stamp

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LAKESIDE PETRO 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:2398 FL - 702398 FL - 70OKEECHOBEE, FL 34972OKEECHOBEE, FL 34972**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:

MD LUTFUL IMADN/A2398 FL - 70Florida street address (P.O. Box ~~NOT~~ acceptable)OKEECHOBEEFL34972CityStateZip

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 ~~his~~ 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, FS.

MD L Imad

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	<u>MD LUTFUL IMAD</u> <u>2398 FL - 70</u> <u>OKEECHOBEE, FL 34972</u>
<u>AMBR</u>	<u>PINKU C. DEBNATH</u> <u>2398 FL - 70</u> <u>OKEECHOBEE, FL 34972</u>
<u>AMBR</u>	<u>MD Z. HASAN</u> <u>2333 W. MARTIN LUTHER KING JR BLVD</u> <u>FAYETTEVILLE, FL 72701</u>
<u></u>	<u></u>
<u></u>	<u></u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.  
ANY AND ALL LAWFUL BUSINESS  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

MD L Imad  
\_\_\_\_\_  
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.  
MD LUTFUL IMAD  
\_\_\_\_\_  
Typed or printed name of **signe**

**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)