

# L98000000182

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)  
1406 Hays Street, Suite 2  
(Address)  
Tallahassee, FL 32301 (904) 656-3992  
(City, State, Zip) (Phone #)

OFFICE USE ONLY

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SECRETARY OF STATE  
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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. 13016 Leeds, LLC. (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

Walk in     Pick up time 2/13  
 Mail out     Will wait     Photocopy

Certified Copy     Certificate of Status  
008002432630-8  
-02/17/98-01046-005  
\*\*\*346.25 \*\*\*346.25

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

L98-182

Name Availability	<i>RLB</i>
Document Examiner	<i>RL</i>
Updater	<i>RL</i>
Updater Verifier	<i>RL</i>
Acknowledgement	<i>RL</i>
W. P. Verifier	<i>RL</i>

Corafal

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

ARTICLES OF ORGANIZATION OF  
13016 LEEDS, L.L.C.

The undersigned, persons of the full age of majority, acting as the organizers of a limited liability company under the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such limited liability company:

1.

NAME

The name of the limited liability company organized pursuant to these Articles of Organization shall be 13016 Leeds, L.L.C.

2.

DURATION

The duration of the limited liability company's existence shall be perpetual.

3.

PURPOSE

The object and purpose for which 13016 Leeds, L.L.C. is formed shall be to engage in any lawful activity for which limited liability companies may be organized under the Florida Limited Liability Company Act.

4.

PRINCIPAL OFFICE

The address of the company's principal place of business in Florida is 13016 Leeds Court, City of Tampa, State of Florida, 33612.

5.

REGISTERED AGENT

The name and address of the company's initial registered agent in Florida is Michael B. Smuck, 13016 Leeds Court, City of Tampa, State of Florida, 33612.

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COMPANY MANAGEMENT

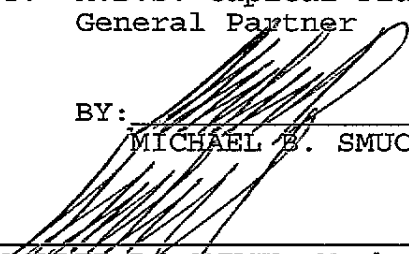
The management of the company is reserved to its members, who are also its organizers, as specified below:

1. MBS Realty Investors, Ltd.  
One Galleria Boulevard, Suite 1950  
Metairie, LA 70001
2. Michael B. Smuck  
One Galleria Boulevard, Suite 1950  
Metairie, LA 70001

THUS EXECUTED on this 12<sup>th</sup> day of February, 1998.

MBS REALTY INVESTORS, LTD., Member

BY: M.B.S. Capital Planning, Inc.  
General Partner

BY:   
MICHAEL B. SMUCK, Chairman

MICHAEL B. SMUCK, Member

ACKNOWLEDGEMENT

STATE OF LOUISIANA

PARISH OF JEFFERSON

BE IT KNOWN that on this 12<sup>th</sup> day of February, 1998, before me, the undersigned Notary Public, duly commissioned, qualified and sworn in and for the Parish and State aforesaid, personally came and appeared:

MBS REALTY INVESTORS, LTD., herein represented by its duly authorized General Partner, M.B.S. Capital Planning, Inc., represented by its duly authorized Chairman, Michael B. Smuck and Michael B. Smuck, individually;

who, after being duly sworn, declared and acknowledged to me, Notary, in the presence of the undersigned competent witnesses, that appearers are the identical persons who executed the above and foregoing Articles of Organization and that appearers executed the above and foregoing Articles of Organization of appearers' own free will, as appearers' own free act and deed, for the uses, purposes and benefits therein expressed.

WITNESSES:

MBS REALTY INVESTORS, LTD.

[Signature]

BY: M.B.S. Capital Planning, Inc.

[Signature]

BY: [Signature]  
MICHAEL B. SMUCK, Chairman

[Signature]  
MICHAEL B. SMUCK

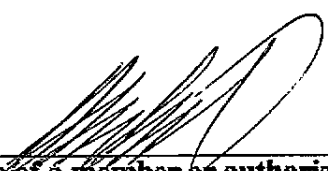
[Signature]  
NOTARY PUBLIC

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**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

The undersigned member or authorized representative of a member of \_\_\_\_\_  
13016 LEEDS, L.L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$9,230.<sup>00</sup>
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$9,230.<sup>00</sup>  
This total includes amounts from 2 and 3 above.

  
\_\_\_\_\_  
**Signature of a member or authorized representative of a member.**

In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

\_\_\_\_\_ 13016 LEEDS, L.L.C. \_\_\_\_\_

2. The name and address of the registered agent and office is:

\_\_\_\_\_ MICHAEL B. SMUCK \_\_\_\_\_  
(NAME)

\_\_\_\_\_ 13016 LEEDS COURT \_\_\_\_\_  
(P. O. Box NOT ACCEPTABLE)

\_\_\_\_\_ TAMPA, FL 33612 \_\_\_\_\_  
(CITY/STATE/ZIP)

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*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.*

\_\_\_\_\_  
(SIGNATURE)

Feb. 12, 1998  
(DATE)

**Filing Fee: \$ 35 for Designation of Registered Agent**