## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I: Name:**

The name of the Limited Liability Company is: WARREN F. LEEKER and AUDREY M. LEEKER LLC.

#### ARTICLE II: Address:

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

1605 Main Street, Suite 912 Sarasota, Florida 34236

#### ARTICLE III:

Registered agent, Registered Office, & Registered Agent's Signature:

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

H. William Scovill 1605 Main Street, Suite 912 Sarasota, Florida 34236

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 608, F.S..

H. William Scovill

ARTICLE IV: Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

WARREN F. LEEKER

AUDREY M. LEEKER

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

STATE OF FLORIDA COUNTY OF SARASOTA

Personally known \_\_\_\_\_ or Produced ID

My commission expires:

ELLEN M. HIMES
MY COMMISSION # CC 6176.
EXPIRES: February 9, 200
Bonded Thru Notary Public Unders.

Notary Public

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