

# L03000012382

(Requestor's Name)

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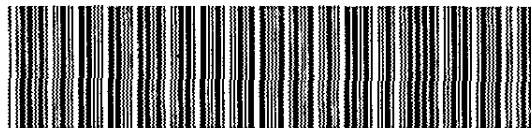
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TALLAHASSEE, FLORIDA

4-1-03

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEONE INTERNATIONAL IMPORTERS 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:

SALVATORE LEONE  
(Name of Person)

LEONE INTERNATIONAL IMPORTERS LLC  
(Firm/Company)

3920 INVERRARY BLVD C-401  
(Address)

LAUDERHILL FL 33319  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

EULALIA S. LEONE at (954) 717-1696  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: LEONE INTERNATIONAL  
IMPORTERS LLC

ARTICLE II - Address:

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

3920 INVERRARY BLVD C-401 LAUDERHILL FL 33319

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

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

EULALIA S. LEONE

Name

3920 INVERRARY BLVD C-401

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

LAUDERHILL FLORIDA

City, State, and Zip

FL 33319

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.

Eulalia S. Leone

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Salvatore Leone 4-1-03  
Signature of a member or an authorized representative of a member.

(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.)

SALVATORE LEONE

Typed or printed name of signee

**Filing Fees:**

- ✓ \$100.00 Filing Fee for Articles of Organization
- ✓ \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- ✓ \$ 5.00 Certificate of Status (Optional)

SUBMITTANCE #156

\$130 4/1/03