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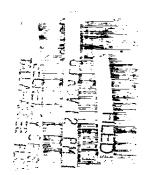
(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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W3-411

## TRANSMITTAL LETTER

Division of Corporations					
SUBJECT: 1589 Greenlee Orive 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:					
Kenneth Robert Luna					
(Name of Person)					
(Firm/Company)					
774 Snug Tslond					
(Address)					
Cherrow FL 33767					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Kenneth R. Lung at 904 334 - 1083  (Name of Person) (Area Code & Daytime Telephone Number)					
t.					

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

TO:

Registration Section

**MAILING ADDRESS:** 

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



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 29, 2003

KENNETH LUNA 774 SNUG ISLAND CLEARWATER, FL 33767

SUBJECT: 1589 GREENLEA DRIVE LLC

Ref. Number: W03000031752

We have received your document for 1589 GREENLEA DRIVE LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Letter Number: 603A00059033

Tammi Cline Document Specialist

774 Snug Island Clearwater, FL 33767 October 24, 2003

Registration Section Division of Corporations 409 East Gaines Street Tallahassee FL 32399

Dear Gentle Persons,

Enclosed with this letter you will find my application to form an LLC. My information is as follows:

Kenneth R. Luna 774 Snug Island Clearwater FL 33767

Daytime phone: 904-334-1083

The check enclosed is in the amount of \$160.00 to cover all fees.

Yours truly.

Kenneth R. Luna Member Manager

1589 Greenlea Drive LLC

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The mailing add	ress and street address	of the princip	al office of the Limite	d Liability Coll	ipany is:
Principal Offic	e Address:	; ;	Mailing Addres	<u>s:</u>	
774 S	nug Island		774 S	nug Islu	<u>. {</u>
Clectwohr	FL 337	67	Charle	EL 337	
		<u>,</u>			<del></del>
	Registered Agent, Researcher Registered Agent, Researcher Registered Register	_	-	ent's Signature	: :
	e Florida street addres	s of the registe	-	ent's Signature	: :
	Kenneth  774 Sn	Robe Name  Iva Isl	red agent are:	ent's Signature	

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

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, Florida Statutes.

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = M "MGRM" =	lanager Managing Member	Name and Address:
MGRM	<u></u>	Kenneth Robert LUNA 774 Snuy Island Claurmeter FL 33767
`	nent if necessary)	idded if an effective date is requested.
	SIGNATURE:	
	(In accordance with section 608.4 of this document constitutes an af that the facts stated herein are true	08(3), Florida Statutes, the execution firmation under the penalties of perjury e.)

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)