## 203000046086

Royald A. Mourey (Requestor's Name)
(requests: a realite)
515 N. Adams St.
(Address)
(Address)
Tallahassel, FZ 32301 (City/State/Zip/Phone #) \$50,022-9482
(City/State/Zip/Phone #) \$50 222-9482
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Leslie SCT, L.L.C. (Business Entity Name)
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

## ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

ARTICLE I - Name	RTICLE I	- Name:
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The name of the Limited Liability Company is: Leslie SCI, L.L.C.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Post Office Box 13405, Tallahassee, Florida 32317.

Street Address: 2454 Centerville Road, Tallahassee, FL 32308.

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

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

Ronald A. Mowrey

515 North Adams Street

Florida Street Address (P.O. Box <u>NOT</u> acceptable)
Tallahassee, Florida, 32301

City, State and Zip Code

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SECRETARY OF STATL
TALLAHASSEE FLORIDA

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, Florida Statutes.

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager - managed company. (An additional article must be added if an effective date is requested)

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.)

HAROLD C. LESLIE

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)