

L04 0000010768

(Requestor's Name)

(Address)

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FEB 2 2004  
TALLAHASSEE, FLORIDA

L04-10768

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LERCO 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:

LeAnn Slafter  
(Name of Person)

LERCO LLC  
(Firm/Company)

P.O. Box 421134  
(Address)

Kissimmee, Florida 34742-1134  
(City/State and Zip Code)

For further information concerning this matter, please call:

LeAnn Slafter at ( 772 ) 232-1090  
(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

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LERCO LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1415 W. Oak Street

Kissimmee, Fl. 34742-1134

**Mailing Address:**

P.O. Box 421134

Kissimmee, Fl. 34742-1134

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

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

LeAnn Slafter

Name

1415 W. Oak St.

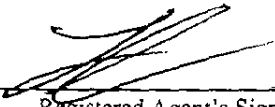
Florida street address (P.O. Box NOT acceptable)

Kissimmee

FLORIDA 34742-1134

City, State, and Zip

*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

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA  
JAN 22 2009

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

LeAnn Slafter


P.O. Box 421134

Kiss.Fl. 34742-1134

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
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.)

LeAnn SLAFTER typed or printed name of signee

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**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)