

L 04000016495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

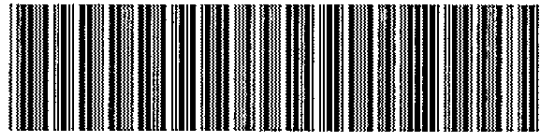
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 MAR -2 AM 11: 11
DIVISION OF CORPORATION

FILED
04 MAR -2 PM 2: 41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CALLCO ENTERPRISE, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time 2.00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|-----------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Examiner's Initials

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CALLCO ENTERPRISE, 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:

LETICIA ZULON
(Name of Person)

ZULON ACCOUNTING, INC.
(Firm/Company)

1140 WEST 50TH STREET #204
(Address)

HIALEAH, FLORIDA 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

LETICIA ZULON at (305) 821-9345
(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**

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

CALLCO ENTERPRISE, LLC

ARTICLE II - Address:

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

Principal Office Address:

6910 BAMBOO STREET

MIAMI LAKES, FLORIDA 33014

Mailing Address:

6910 BAMBOO STREET

MIAMI LAKES, FLORIDA 33014

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

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

FRANCISCUS LEENMAN

Name

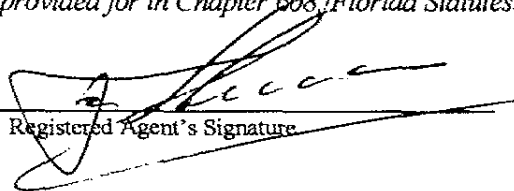
6910 BAMBOO STREET

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

MIAMI LAKES, FLORIDA 33014

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

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:

| | |
|------------|--|
| <u>MGR</u> | <u>FRANCISCUS J. LEENMAN</u> <u>6910 BAMBOO STREET</u> <u>MIAMI LAKES, FLORIDA 33014</u> |
| <u>MGR</u> | <u>EVANGELINA LEENMAN</u> <u>6910 BAMBOO STREET</u> <u>MIAMI LAKES, FLORIDA 33014</u> |
| <u>MGR</u> | <u>JOHN BUJOLD</u> <u>6363 SANDHILLS CIRCLE -WINSTON TRAILS</u> <u>LAKEWORTH, FLORIDA 33463</u> |
| <u>MGR</u> | <u>JANNEKE E. BUJOLD</u> <u>6363 SANDHILLS CIRCLE - WINSTON TRAILS</u> <u>LAKEWORTH, FLORIDA 33463</u> |
| <u>MGR</u> | <u>PETER F. LEENMAN</u> <u>14471 S.W. 139TH AVENUE CIRCLE WEST</u> <u>COUNTRY WALK, MIAMI, FLORIDA 33186</u> |

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.)

FRANCISCUS J. LEENMAN

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)