

L04000025187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

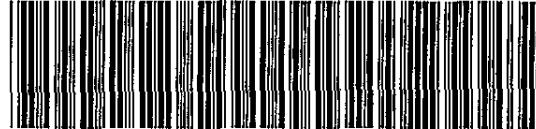
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/23/04--01066--009 **155.00

APPROVED
AND
FILED
04/19/04
04/19/04
04/19/04

JB
4/16/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leon Wiley, 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:

David H. Peek
(Name of Person)

Peek, Cobb, Edwards & Ashton, P.A.
(Firm/Company)

1301 Riverplace Boulevard, Suite 1609
(Address)

Jacksonville, Florida 32207
(City/State and Zip Code)

For further information concerning this matter, please call:

David H. Peek at (904) 399-1609
(Name of Person) (Area Code & Daytime Telephone Number)

ARTICLES
AND
FEES
FILED
04 MAR 29 PM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Leon Wiley, LLC

ARTICLE II - Address:

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

Principal Office Address:

1073 Woodbridge Hollow Road

Jacksonville, Florida 32218

Mailing Address:

1073 Woodbridge Hollow Road

Jacksonville, Florida 32218

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

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

David H. Peek

Name

1301 Riverplace Boulevard, Suite 1609

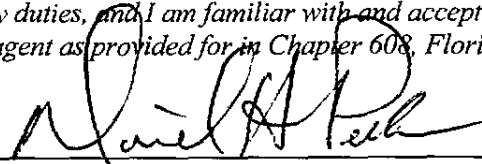
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

FLORIDA 32207

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

RECEIVED
FILED
04 MAR 29 2011
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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 MGRM

Leon Wiley

1073 Woodbridge Hollow Road

Jacksonville, Florida 32218

(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.)

Leon Wiley

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)

04/29/29 PM 11:42
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