

LO4000052572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

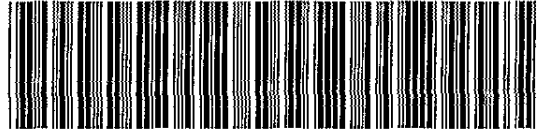
(Document Number)

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JUL 16 7 16 55  
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LO4-52572  
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ff \$105.00



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 1, 2004

ROBERT LEONE  
300 SW 12 STREET  
BOCA RATON, FL 33486

SUBJECT: RJLSEC LLC  
Ref. Number: W04000025341

We have received your document for RJLSEC LLC and check(s) totaling \$100.00 of which \$100.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$25.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The name needs to be listed in Article I.,

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Section 608.407, Florida Statutes, requires the document(s) to be signed by member or by the authorized representative of a member.

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.

Tammi Cline  
Document Specialist

Letter Number: 104A00042866

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DEPARTMENT OF STATE  
JUL 16 2004

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RJLSEC 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:

Robert J Leone  
(Name of Person)

RJLSEC  
(Firm/Company)

300 SW 12 Street  
(Address)

Boca Raton, Florida 33486  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert J Leone at ( 772 ) 216-0669  
(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

REC'D  
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TALLAHASSEE FLORIDA

CLERK  
JUL 14 PM 4:55

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RJLSEC LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

300 SW 12th Street

Boca Raton, FL 33486

**Mailing Address:**

300 SW 12 Street

Boca Raton, FL 33486

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

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

Robert J Leone

Name

300 SW 12 Street

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

Boca Raton

FLORIDA 33487

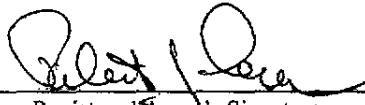
City, State, and Zip

SECRET  
FALLASSEE, FLORIDA

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*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:**

MGRM

Robert J Leone

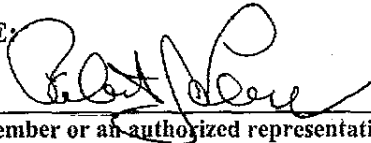
300 SW 12th Street

Boca Raton FL 33486

(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.)

Robert J Leone

Typed or printed name of signer

**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)

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TALLAHASSEE, FLORIDA

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