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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

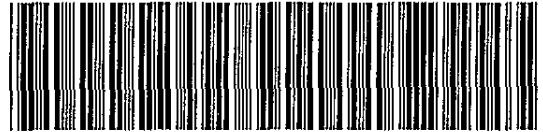
(Business Entity Name)

(Document Number)

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SLU, DEPT OF STATE
TALLAHASSEE, FLORIDA

7/22
LMS

DAVIS & RUBIN

ATTORNEYS AT LAW

ROGER S. DAVIS
JOEL S. RUBIN (1948-1991)

ONE BOWDOIN SQUARE
SUITE 901
BOSTON, MASSACHUSETTS 02114-2919
(617) 742-4300
FACSIMILE (617) 742-4304

July 13, 2004

Registration Section
Division of Corporations
409 E. Gaines Street
P.O. Box 6327
Tallahassee, FL 32314

Re: Vansonleathers.net, LLC

Dear Sir/Madam:

Enclosed please find the transmittal letter, articles of organization, and check for \$125.00 for the filing fee and the designation of the registered agent. Please send a letter of acknowledgment to the undersigned.

Very truly yours,



Roger S. Davis

RSD: ma
Enclosure

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SECOND HARTY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vansonleathers.net, 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:

Roger S. Davis
(Name of Person)

Davis & Rubin
(Firm/Company)

One Bowdoin Square, Suite 901
(Address)

Boston, MA 02114-2919
(City/State and Zip Code)

For further information concerning this matter, please call:

Roger S. Davis at (617) 742-4300
(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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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vansonleathers.net, LLC

ARTICLE II - Address:

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

Principal Office Address:

23 South Kingman Street

Lakeville, MA 02347

Mailing Address:

23 South Kingman Street

Lakeville, MA 02347

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

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

James R. Ayers

Name

253 Corey Avenue


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

St. Pete Beach FLORIDA 33706

City, State, and Zip

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SECRETARY OF STATE
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- 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:

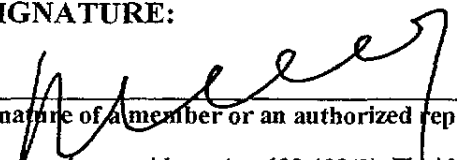
MGR

Michael van der Sleenen
23 South Kingman Street
Lakeville, MA 02347

(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.)

Michael van der Sleenen

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)

CLERK OF CIRCUIT
TALLAHASSEE, FLORIDA

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