

L04000057245

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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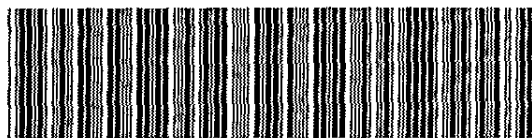
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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 14, 2004

PHILIP M. WARREN, P.A.  
3350 EAST ATLANTIC BLVD., STE. 300  
POMPANO BEACH, FL 33062

SUBJECT: CUSTOM DESIGNS BY LEA  
Ref. Number: W04000026925

We have received your document for CUSTOM DESIGNS BY LEA and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6890.

Jason Merrick  
Document Specialist

Letter Number: 904A00044871

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CUSTOM DESIGNS BY LEA  
(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:

PHILIP M. WARREN, ESQ.  
Attorney for Leanne Eads

(Name of Person)

PHILIP M. WARREN, P.A.

(Firm/Company)

3350 East Atlantic Blvd  
Rayven Building Suite 300

(Address)

Pompano Beach, FL 33062

(City/State and Zip Code)

For further information concerning this matter, please call:

Philip M. Warren, Esq.

(Name of Person)

at ( 954 ) 941-0780

(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:

CUSTOM DESIGNS BY LEA, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

320 N.E. 26th Street,

same

Pompano Beach, FL 33064

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

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

LEANNE EADS

Name

320 N.E. 26th Street,

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

POMPANO BEACH, FLORIDA

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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**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 M

Leanne Eads

320 N.E. 26th Street

Pompano Beach, FL 33064

(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.)

LEANNE EADS

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)