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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

RECEIVED
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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

COLURS BY LEE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

COLOURS BY LEE 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:

3364 SANDPIPER WAY

3364 SANDPIPER WAY

NAPLES, FLORIDA 34109

NAPLES, FLORIDA 34109

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

LEE GOVNY

Name

3364 SANDPIPER WAY

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

NAPLES

FLORIDA 34109

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company in 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.

x Lee Govny
Registered Agent's Signature

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DIVISION OF CORPORATE SERVICES

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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:

<u>Title</u>	<u>Name and Address:</u>
"MGR" - Manager	
"MGRM" - Managing Member	
<u>MGR</u>	<u>LEE COUNTY</u>
	<u>3364 SANDPIPER WAY</u>
	<u>NAPLES, FLORIDA 34109</u>
<u>MGRM</u>	<u>LEE COUNTY</u>
	<u>3364 SANDPIPER WAY</u>
	<u>NAPLES, FLORIDA 34109</u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Lee Lorey

 Signature of a member or an authorized representative of a member.
 (In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

 TYPED OR PRINTED NAME OF SIGNER

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DIVISION OF GENERAL SERVICES