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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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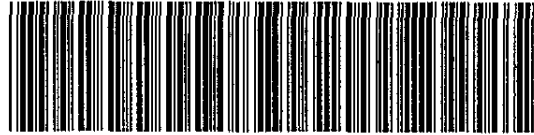
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Johnson Lee, 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:

Nicole Sharif Lee  
(Name of Person)

Johnson Lee, LLC  
(Firm/Company)

510 Lavers Circle, Apt. 364  
(Address)

Deiray Beach, FL 33444-7976  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Nicole Sharif Lee at ( 561 ) 278-0098  
(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Johnson Lee, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

4439 Regal Court

Delray Beach, FL 33445-3829

**Mailing Address:**

4439 Regal Court

Delray Beach, FL 33445-3829

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

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

Nicole Sharif Lee

Name

4439 Regal Court

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

Delray Beach, FLORIDA 33445-3829

City, State, and Zip

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DIVISION OF CORPORATIONS  
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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

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

Delray Beach, FL 33445-3829

MGRM

Deiray Beach, FL 33445-3829

**REQUIRED SIGNATURE:**

Typed or printed name of signec

**\$ 5.00 Certificate of Status (Optional)**

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