

LO4000067003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

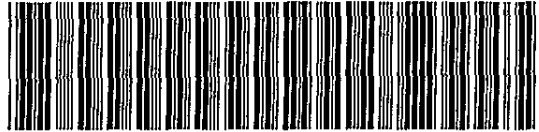
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/03/04--01051--008 \*\*125.00

04 SEP -3 PM 1:36  
DIVISION OF REVENUE

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PLATINUM LEASING CONCEPTS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

13156 CLEAR RIDGE ROAD

KNOXVILLE, TN 37922

**Mailing Address:**

13156 CLEAR RIDGE ROAD

KNOXVILLE, TN 37922

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

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

TERRESA ALVEY

Name

800 ARMSTRONG BLVD.

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

KISSIMMEE

FLORIDA 34741

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..*

*TERRESA ALVEY*

Registered Agent's Signature

04 SEP - 11 11:36  
DIVISION OF  
CORPORATION  
STATE OF FLORIDA

**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

FRANK J. FUSCO

13156 CLEAR RIDGE ROAD

KNOXVILLE, TN 37922

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(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.)

FRANK J. FUSCO

*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)**

04 SEP -3 PM 1:36  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PLATINUM LEASING CONCEPTS, 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:

Frank J. Fusco  
(Name of Person)

(Firm/Company)

13156 Clear Ridge Road  
(Address)

Knoxville, TN 37922  
(City/State and Zip Code)

For further information concerning this matter, please call:

Frank J. Fusco at ( 865 ) 850.3387  
(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

04 SEP -3 PM 1:36

RECEIVED  
DIVISION OF CORPORATIONS

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PLATINUM LEASING CONCEPTS, LLC

**ARTICLE II - Address:**

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KNOXVILLE, TN 37922

**Mailing Address:**

13156 CLEAR RIDGE ROAD

KNOXVILLE, TN 37922

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

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

TERRESA ALVEY

Name

800 ARMSTRONG BLVD.

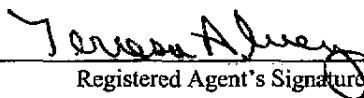
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KISSIMMEE

FLORIDA 34741

City, State, and Zip

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Registered Agent's Signature

04 SEP -3 PM 1:36

SECTION OF CERTIFICATES

**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

FRANK J. FUSCO

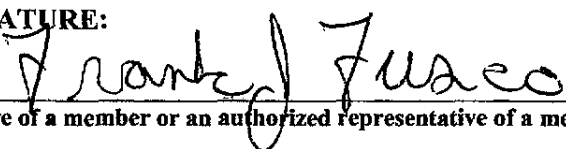
13156 CLEAR RIDGE ROAD

KNOXVILLE, TN 37922

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FRANK J. FUSCO

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)

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DIVISION OF CORPORATE SERVICES

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Division of Corporations

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(Name of Limited Liability Company)

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(Name of Person)

(Firm/Company)

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(Address)

Knoxville, TN 37922  
(City/State and Zip Code)

For further information concerning this matter, please call:

Frank J. Fusco at ( 865 ) 850.3387  
(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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DIVISION OF CORPORATIONS