

Division of Corporations

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**L040000 72012**

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

From:  
Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (877) 527-3463  
Fax Number : (305) 675-2811

**LIMITED LIABILITY COMPANY**

**LEUS NETWORKS, LLC**

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

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**  
In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:  
LEUS NETWORKS, LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:  
4516 CHEVAL BLVD.  
LUTZ, FL 33558

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent is:  
THOMAS HOGAN  
4516 CHEVAL BLVD.  
LUTZ, FL 33558

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

  
Registered Agent's Signature

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**ARTICLE V**

The name and address of the managing members of the LLC are:

Managing Member:

THOMAS HOGAN  
4516 CHEVAL BLVD.  
LUTZ, FL 33558

Managing Member:

ANGELA HOGAN  
4516 CHEVAL BLVD.  
LUTZ, FL 33558

\*\*\*\*\*



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.

THOMAS HOGAN

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