

Division of Corporations

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**Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305) 442-1567
Fax Number : (305) 442-1227

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Leeway Associates LLC

Certificate of Status	1
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Estimated Charge	\$160.00

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Leeway Associates 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:

Michael J. Freeman, Esq.
(Name of Person)

Michael J. Freeman, P. A.
(Firm/Company)

P.O. Box 140688
(Address)

Coral Gables, FL 33114-0688
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael J. Freeman, Esq. at (305) 442-1567
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|---|

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:

Leeway Associates LLC

ARTICLE II - Address:

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

Principal Office Address:

153 Sevilla Avenue
Coral Gables FL 33134

Mailing Address:

P.O. Box 140868
Coral Gables, FL 33114-0868

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

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

M.J. F. Registered Agent Corp.

Name

153 Sevilla Avenue

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

Coral Gables

FL 33134

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, F.S.

Michael J. Freeman, Pres.

Registered Agent's Signature

M.J.F. Registered Agent Corp

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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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Tracy Alves

18 Herrick Road

Gorham, Maine 04038

MGRM

Laura L. Alves

18 Herrick Road

Gorham, Maine 04038

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Michael J. Freeman, authorized representative
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.)

MICHAEL J. FREEMAN

Typed or printed name of signer

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)