# L'05 00000 7199

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	ddress)	
(Ac	idress)	<del></del>
<i>(</i> Ci	ty/State/Zip/Phoni	e #)
(⊙,	tyrotatorzipii nom	C 17)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
(a -	,	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		j
		İ
		1/20 al
<del></del>		1111
	Office Hea Onl	



600043833496

01713705--01046--025 \*\*130.00

SECRETARY OF STATE

FILED
2005 JAN 13 PM 4: 11

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LESLIE MEWS LLC (Name of Limited Liability Company)	<del></del>
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
LESLIE BRANIN (Name of Person)	
(Name of Person)	<del></del>
Lescie MEWS LCC (Firm/Company)	
(Firm/Company)	
6030 36 Avenue N. (Address)	2005 JAN SECRE TALLAH
PINELLAS PARK, FL 3378 (City/State and Zip Code)	SECRETARY OF STATE ALLAHASSEE, FLORID,
For further information concerning this matter, please call:	
LESLIE BRANIN at (D27) 544  (Name of Person) (Area Code & Daytime	7828 Telephone Number)
Enclosed is a check for the following amount:	
\$\square\$ \$\squa	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registration Section Registration	Corporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399

## ARTICLE IV- Manager(s) or Managing Member(s):

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

Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member LEULIE BRANIN MGR (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

Filing Fees:

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

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

LESCIE BRANIN

Typed or printed name of signee

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLI	E I	~ N	ame	4
The name	of	the	Lim	i

ited Liability Company is:

LESLIE MEWS LLC

#### ARTICLE II - Address:

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

Principal Office Address:

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

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

Name

| 1311 N. WSTSHURE BLUD # 205

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

TAMPA FL 33607
City, State, and Zip

Having been named as registered agent and to accept service of process for the above safed 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..

(CONTINUED)