

LO5000007673

2005 JAN 24 P 4: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

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2005 JAN 24 P 4: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 10, 2005

KURT E. LEE
P.O. BOX 1423
NOKOMIS, FL 34274-1423

SUBJECT: KURT E. LEE, PL
Ref. Number: W05000001332

We have received your document for KURT E. LEE, PL and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 205A00001706

KURT E. LEE
P.O. Box 1423
Nokomis, Florida 34274-1423
941-486-8783 (phone)
941-480-0989 (fax)
KurtLee@KurtLeeLaw.com

FILED
2005 JAN 24 P 4: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 14, 2005

Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

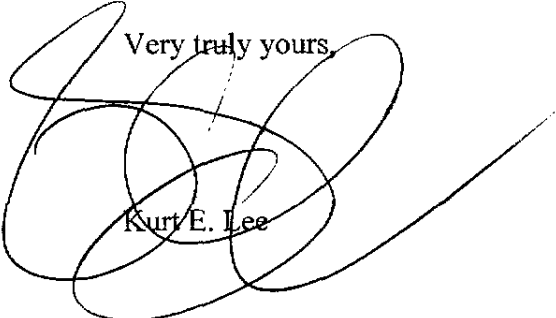
Re: New filing

Dear Sirs:

Pursuant to the direction contained in your January 10, 2005, letter, which is being returned to you herewith, I added Article VI to the Articles of Organization to specify the purpose of Kurt E. Lee, PL.

Please let me know if you need any additional information to complete the filing of this Florida professional limited liability company.

Very truly yours,


Kurt E. Lee

Enclosures

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2005 JAN 24 P 4: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Kurt E. Lee, PL
(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:

Kurt E. Lee
(Name of Person)

Kurt E. Lee, PL
(Firm/Company)

P.O. Box 1423
(Address)

Nokomis, Florida 34274-1423
(City/State and Zip Code)

For further information concerning this matter, please call:

Kurt E. Lee at (941) 486-8783
(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 checked="" 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

2003 JAN 24 P 4: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kurt E. Lee, PL

ARTICLE II - Address:

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

Principal Office Address:

330 South Tamiami Trail
Nokomis, Florida 34275

Mailing Address:

P.O. Box 1423
Nokomis, Florida 34274-1423

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

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

Kurt E. Lee

Name

330 South Tamiami Trail

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

Nokomis, Florida 34275

FL

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..

Registered Agent's Signature

(CONTINUED)

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

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

FILED

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Kurt E. Lee

P.O. Box 1423

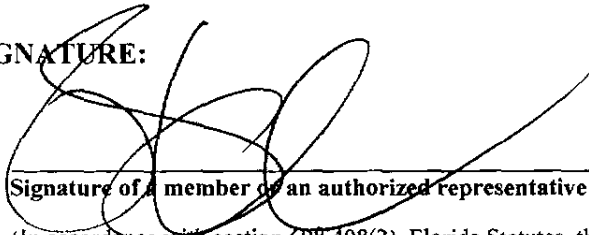
Nokomis, Florida 34274-1423

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.)

Kurt E. Lee

Typed or printed name of signee

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)

ARTICLE V – EFFECTIVE DATE

This Florida professional limited liability company will be effective January 1, 2005.

ARTICLE VI – PURPOSE OF THE ENTITY

The specific purpose of Kurt E. Lee, PL, is to engage in the practice of law.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA