

LO5000029878

(Requestor's Name)

(Address)

(Address)

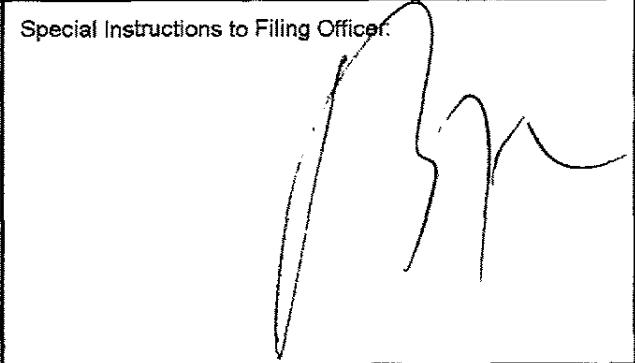
(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

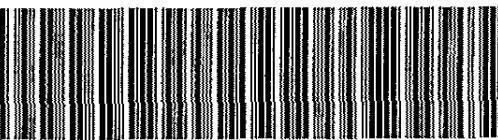
(Business Entity Name)

(Document Number)

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



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03/28/05--01002--009 \*\*1125.00

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05 MAR 25 PM 4:48  
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TALLAHASSEE, FLORIDA

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CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 3/25/05

REF. #: 001260.36276

CORP. NAME: LEOPOLDO GOMEZ, LLC

ARTICLES OF INCORPORATION     ARTICLES OF AMENDMENT     ARTICLES OF DISSOLUTION  
 ANNUAL REPORT     TRADEMARK/SERVICE MARK     FICTITIOUS NAME  
 FOREIGN QUALIFICATION     LIMITED PARTNERSHIP     LIMITED LIABILITY  
 REINSTATEMENT     MERGER     WITHDRAWAL  
 CERTIFICATE OF CANCELLATION  
 OTHER:

STATE FEES PREPAID WITH CHECK# 46339 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

CERTIFIED COPY     CERTIFICATE OF GOOD STANDING     PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

Examiner's Initials

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LEOPOLDO GOMEZ, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

10228 DOUGLAS OAKS CIR# 204

TAMPA, FL 33610

**Mailing Address:**

10228 DOUGLAS OAKS CIR# 204

TAMPA, FL 33610

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

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

LEOPOLDO GOMEZ

Name

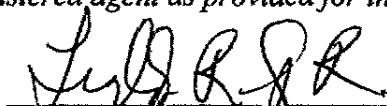
10228 DOUGLAS OAKS CIR# 204

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

TAMPA, FL 33610

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..*



Registered Agent's Signature

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TALLAHASSEE, 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:**

LEOPOLDO GOMEZ

MGRM

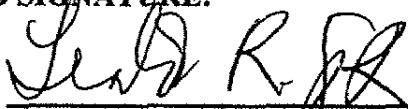
10228 DOUGLAS OAKS CIR# 204

TAMPA, FL 33610

(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.)

LEOPOLDO GOMEZ

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)**