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SECRETARY OF STATE DIVISION OF CORPORATIONS

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: LEPAGE ARCHITECTURAL LTD. CO. (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:
ANTHONY LEFAGE, (Name of Person)
(Firm/Company)
7911 Beach DR APT 1 (Address)
PANAMA CITY FT 32408 (City/State and Zip Code)
For further information concerning this matter, please call:
ANTHONY Letage. at (850) 319-3120  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\frac{1}{\sigma}\$\$130.00 Filing Fee & \$\frac{1}{\sigma}\$\$130.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\frac{1}{\sigma}\$\$\$160.00 Filing Fee, 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



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 15, 2005

ANTHONY LEPAGE 7911 BEACH DRIVE APT. 1 PANAMA CITY, FL 32408

SUBJECT: LEPAGE ARCHITECTURAL LTD. CO.

Ref. Number: W05000038505

We have received your document for LEPAGE ARCHITECTURAL LTD. CO. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (2) of the Articles.

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) 245-6067.

Letter Number: 805A00052028

Neysa Culligan Document Specialist

Division of Corporations - P.O. ROY 6227 Tallahassaa Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LePage ARCHITECT	URAI LTD. CO.		
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Co	ompa	ny is:
Principal Office Address:	Mailing Address:		-
7911 BEACH DR APT I PANAMA CITY FI 32408	7911 BOOCH DR APT I PANAMA CITY FI 32408	<del>-</del>	-
The name and the Florida street address of the NTHONY Name  7911 Beach De Florida street ad  RANAMA CITY City, State,	registered agent are:  LAC  APT  dress (P.O. Box NOT acceptable)  FL 32408	E:05 AUG 22 AM 11: 18	SECRETARY OF STATE DIVISION OF CORPORATIONS
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and completely accept the obligations of my position as region.	this certificate, I hereby accept the appoint ty. I further agree to comply with the provi erformance of my duties, and I am familian	tment isions r with	t as s of <mark>all</mark> s and

(CONTINUED)

ARTICLE IV- Manager(s) or Manager of the name and address of each Manager of the name and address of the name and addr		-	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	HINTHONY LETINGE THIN BEACH TO APT. PANAMA CITY BEACH 32408		
MBR	TIMOTHY LEPAGE  609 LACTON OAK CIRCLE  PANAMA CITY BESCH 32408	<del></del>	
		<u> </u>	• • • • • • • • • • • • • • • • • • •
•		05 806	PIVISION
(Use attachment if necessary)	<del>.</del>	3 22	SEA CONTRACT
NOTE: An additional article must be	added if an effective date is requested.	MI	RP CR
REQUIRED SIGNATURE:	hag~	1: 18	TATE
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.)

NTHON LE PAGE
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)