

11/23/2005 03:02 7274435029

GASSMAN BATES

PAGE 01  
Page 1 of 1

**L05000/13121**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000271740 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727) 442-1200  
Fax Number : (727) 443-5829

FILED  
2005 NOV 23 AM 10:06  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
05 NOV 23 PM 3:08  
DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**LEON ASSOCIATES, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

NOV 28 2005

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **LEON ASSOCIATES, L.L.C.**

**ARTICLE II - Address:**

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

18605 Avenue Capri  
Lutz, FL 33558

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

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

Alan S. Gassman

Name


1245 Court Street Suite 102

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

Clearwater, FL 33756

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.*

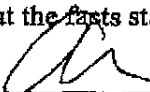


Registered Agent's Signature

(An additional article must be added if an effective date is requested)

**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.)



ALAN S. GASSMAN

J:\Leon\LEON ASSOCIATES, L.L.C\Articles.1.wpd  
6370

**ARTICLES OF ORGANIZATION OF LEON ASSOCIATES, L.L.C.**

PAGE 1

Alan S. Gassman, Esquire  
1245 Court Street Suite 102  
Clearwater, FL 33756  
(727) 442-1200  
Florida Bar #: 301750  
Audit Fax #: H050002717403