

L0600019502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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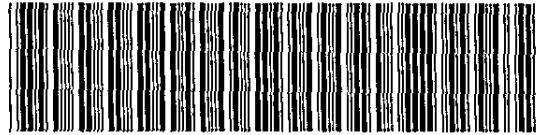
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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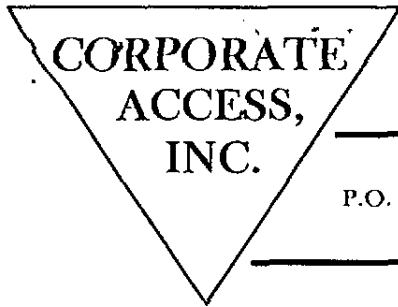
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1.

Deleon, LLC.
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION OF DELEON, LLC

Pursuant to Florida Statute 608.407, Florida Statutes, the following are Articles of Organization for DELEON, LLC, a Florida limited liability company;

ARTICLE I

The name of the limited liability company is: DELEON, LLC.

ARTICLE II

The mailing address and street address of the principal office of the limited liability company is: c/o Gary F. Wallace, 13450 Coral Drive SW, Fort Myers, FL 33908.

ARTICLE III

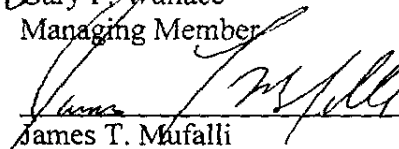
The name and street address of its initial registered agent in the State of Florida is: Gary F. Wallace, 13450 Coral Drive SW, Fort Myers, FL 33908.

ARTICLE IV

The limited liability company is to be managed by a manager and the name and address of such manager is: Gary F. Wallace, 13450 Coral Drive SW, Fort Myers, FL 33908, until the first annual meeting of the members or until his successor is elected and qualified.



Gary F. Wallace
Managing Member



James T. Mufalli
Member

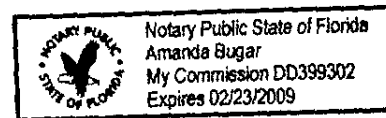
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STATE OF FLORIDA
COUNTY OF LEE

Before me this day personally appeared GARY F. WALLACE, Member and Manager, of DELEON, LLC, who acknowledged before me that he executed the foregoing for the purposes therein expressed on this 13 day of February, 2006 and he is personally known to me or he produced _____ as identification.

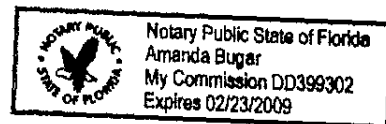
Signature of Notary: [Signature]
Print/Type Name of Notary: _____
My Commission Number: _____
My Commission Expires: _____

STATE OF FLORIDA
COUNTY OF LEE



Before me this day personally appeared JAMES T. MUFALLI, Member of DELEON, LLC who acknowledged before me that he executed the foregoing for the purposes therein expressed on this 13 day of February, 2006 and he is personally known to me or he produced _____ as identification.

Signature of Notary: [Signature]
Print/Type Name of Notary: _____
My Commission Number: _____
My Commission Expires: _____



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED
OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 808.415 OR 608.507 FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS
THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: DELEON, LLC
2. The name and the Florida state address of the registered agent are:

Gary Wallace
13450 Coral Drive, SW
Fort Myers, FL 33908

G. F. Wallace
Gary F. Wallace

James T. Mufalli
James T. Mufalli

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.

G. F. Wallace
Gary F. Wallace

STATE OF FLORIDA
COUNTY OF LEE

Execution of the foregoing instrument was acknowledged before me this 13
day of February, 2006 by GARY F. WALLACE, who is personally
known to me or who has produced _____ as identification and
who did _____ or did not _____ take an oath.

Signature of Notary Public: A. de B.
Print/Type Name of Notary: _____
My Commission Number: _____
My Commission Expires: _____

