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SECRETARY OF STAIL DIVISION OF CORPORATION





# FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2006

W M BRANNEN P.O. BOX 441149 JACKSONVILLE, FL 32210

SUBJECT: LESLIE'S HIDEAWAY, LLC

We have received your document for LESLIE'S HIDEAWAY, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

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) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 306A00020215

2006 APR -4 PM 2: 13

Leslie's Hideaway, LLC. PO Box 441149 6215 Wilson Blvd Jacksonville, FL 32210

March 20, 2006

Department of State Division of Corporation Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To Whom It May Concern:

Please record the Articles of Organization of Leslie's Hideaway, LLC. Which is attached.

Yours truly, W. M. Brannen WH

W M Brannen

SECRETARY OF STAIL
DIVISION OF CORPORATION
7006 APR -4 PM 2: 13

# ARTICLES OF ORGANIZATION OF LESLIE'S HIDEAWAY, LLC.

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statue, as the same may from time be amended (the "Act").

#### **ARTICLE I**

#### NAME

The name of the limited liability company (the "Company") is:

### LESLIE'S HIDEAWAY, LLC.

#### ARTICLE II

#### **TERM**

The existence of the Company shall commence upon filing of these Articles of Organization with the Florida Department of State and its existence shall be perpetual.

## **ARTICLE III**

#### <u>ADDRESSES</u>

The initial mailing address of the Company is P.O. Box 441149, Jacksonville, Florida 32222-0012. The initial street address of the principal office of the Company is 6215 Wilson Boulevard, Jacksonville, Florida 32210.

#### ARTICLE IV

### REGISTERED AGENT

The name and address of the initial registered agent of the Company are as follows:

William M. Brannen

6215 Wilson Boulevard Jacksonville, FL 32210

SECRETARY OF STATE DIVISION OF CORPORATION

#### ARTICLE V

#### **MANAGEMENT**

manager-managed company.

The Company is to be more remanaged company.

ARTICLE VI

The business of the Company shall be any lawful act under the laws of the State. of Florida.

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being a Member of the Company has executed Articles of Organization this  $16^{th}$  day of January, 2005.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE FO FLORIDA.

1. The name of the limited liability company is:

### LESLIE'S HIDEAWAY, LLC

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

William M. Brannen 6215 Wilson Boulevard Jacksonville, FL 32210

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.

Signature of Registered Agent

WILLIAM M. BRANNEN