

L06000068696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

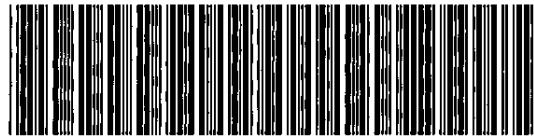
(Business Entity Name)

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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lerann, LLC

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- Art of Inc. File _____
- LTD Partnership File _____
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- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
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- Annual Report / Reinstatement _____
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- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: *WC*

Name _____

Date *7/11*

Time *11:00*

Walk-In _____

Will Pick Up _____

**ARTICLES OF ORGANIZATION
OF
LERAAR, LLC**

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ARTICLE I – NAME

The name of the Limited Liability Company is LERAAR, LLC.

ARTICLE II – ADDRESS

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

4770 Biscayne Boulevard
Suite 970
Miami, Florida 33137

**ARTICLE III – Registered Agent,
Registered Office & Registered Agent's Signature**

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

Leon E. Sharpe
4770 Biscayne Boulevard
Suite 970
Miami, Florida 33137

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 (REQUIRED)

ARTICLE IV – Manager(s) of 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

MGR/MGRM

Leon E. Sharpe
4770 Biscayne Boulevard
Suite 970
Miami, Florida 33137

Executed by the undersigned at Miami-Dade County, Florida on
July 10, 2006.


LEON E. SHARPE