

L06000079351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

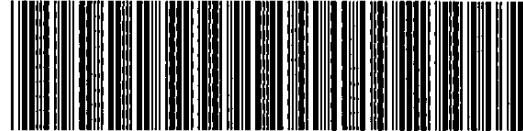
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EFFECTIVE DATE

8/10/06

FILED

06 AUG 11 PM 3:00

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
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

854 Leo Thomas LLC

EFFECTIVE DATE

8/10/06

FILED
06 AUG 11 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

Photo Copy

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

ARTICLES OF ORGANIZATION
854 LEO THOMAS LLC
A LIMITED LIABILITY COMPANY
(Pursuant to Chapter 608, Florida Statutes)

EFFECTIVE DATE
8/10/06

FILED
06 AUG 11 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. NAME: The name of the limited liability company is 854 LEO THOMAS LLC.

PURPOSE: The purpose of this member managed limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

2. ADDRESS OF PRINCIPAL OFFICE: The street address of the principal office of the limited liability company is:

33 NE 9th Ave, Cape Coral, FL 33909

3. MAILING ADDRESS: The mailing address of the limited liability company is:

33 NE 9th Ave, Cape Coral, FL 33909

4. MANAGEMENT: The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.

5. REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE: The name and the Florida street address of the registered agent is:

WILLIAM T. EDY
201 Nicholas Parkway West
Cape Coral, FL 33991

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.


WILLIAM T. EDY

6. EFFECTIVE DATE: The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

August 10, 2006


Scott T. Gray Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)