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COVER LETTER

Division of Corporations		
SUBJECT: LEAN LEADERSHIP SOLUTIONS (Name of Limited Liability Company)	_	
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Person)		
(Name of Person)		
(Firm/Company)	- SE	90
	<u>₹</u>	06 SEP
682 KINZIE ISLAND CT	<u>33</u> _	. =
682 KINZIE ISLAND OF (Address)	H ₂	
SANBEL FLORIDA 33957 (City/State and Zip Code)	E SI	8.1 :6 HW
(City/State and Zip Code)	南	8.
For further information concerning this matter, please call:		
(Name of Person) ACUT. T. SCIPPS at (397) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \$\bigcup \\$155.00 Filing Fee & \$\bigcup \\$160.00 Filing Fee & Certificate of Status \$\bigcup \\$(additional copy is enclosed)\$\\ (additional copy is enclosed)\$\\ (additional copy is enclosed)\$\\	status &	

Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

कुर्न १९५ ते अमान क्षमा र ताम १०५१ ते अनुसान १८ केट्ट ५ ४०० है



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 23, 2006

KENT T SEARS 682 KINZIE ISLAND CT SANIBEL, FL 33957

SUBJECT: LEAN LEADERSHIP SOLUTIONS

Ref. Number: W06000037268

We have received your document for LEAN LEADERSHIP SOLUTIONS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

A business entity may not serve as its own registered agent. Please designate and individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

You must insert the letters "MGRM" in the block above the name and addressed each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 906A00051874

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	CI	r	Τ.	Nat	na.
А	KI	i	a Pra	-	чи	ne:

The name of the Limited Liability Company is:

LEMO	LEADERSHIP	SOLUTTON_	<u> </u>
(Must end with the words "Limi	ted Liability Company, "Limited Compa	ny" or their abbreviation "LLC,"	or "L.C.,")
ADTICLE II - Address	1 •		

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

Principal Office Address:	Mailing Address:
GRI KINZIE ISLAW) ET SANIBET, FLORIDA	682 KINZIE ISLAND CT
SANIBEL, FLORIDA	SANIBEZ, ASPIBA
33957	33957
	ered Agent. You must designate an individual or another egistered agent are:

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)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

....

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member HGR Kenr T. Sesses	GOZ KINZE ISLAND CT SANGEL BORIDA
MGRH JUNE A. SEARS	SB957 CRZ KINZIE ISKAND CT SANIBEL, BORIDA
	<u>33957</u> ⊼∞ 6
	SEP I A
	OF STATE
(Use attachment if necessary)	
	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	

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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)