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COVER LETTER

TO:	Registration Se Division of Co				
SUBJE	ст:	LEE	TNTER Name of Limite	NET BIZ L d Liability Company)	.LC
The end	closed Articles o	f Organization	and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence conce	erning this matte	er to the following:	
		MONT	EJ,	LESAY Name of Person)	
		DAL	ee E	NTERPRISES Firm/Company	LLC
		_	<u> </u>	OX /30/// (Address)	
					22/01 011
		/H	M PH (City	F/ORIDA (State and Zip Code)	33687-0117
For fur	ther information	concerning thi	s matter, please	call:	
	MONT	E J.	LEEDY	at (8/3) 22 (Area Code & Daytime 1	O - 26/8 Telephone Number)
Enclos	ed is a check fe	or the following	ng amount:		
□ \$ 125	.00 Filing Fee	\$130.00 Certificate		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Ad Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A POTTECT TO Y DI	
ARTICLE I - Name: The name of the Limited Liability Company is:	Effective Date 0107
	LC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbr	reviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address: Mailing Address	<u>:</u>
4851 W. GANDY Blvd. P.O. 18	Sox 130111
TAMPA , F/ 336/1	33681-0111
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered Agent. You must des business entity with an active Florida registration.)	red Agent's Signature: signate an individual or another
The name and the Florida street address of the registered agent are:	
MONTE J. LEEDY FOR	DALEE ENTER pruses LL
4851 W. GANDY B/Vo Florida street address (P.O. Box NOT ac	<u>l</u> 7-40
Florida street address (P.O. Box NO1 ad	cceptable)
TAMPA FL 336// City, State, and Zip	
Having been named as registered agent and to accept service of pro- liability company at the place designated in this certificate, I here registered agent and agree to act in this capacity. I further agree to statutes relating to the proper and complete performance of my dut accept the obligations of my position as registered agent as provi	eby accept the appointment as comply with the provisions of all ties, and I am familiar with and
Registered Agent's Signature (REQURED)	SECRE DIVISION
	FILETAR
(CONTINUED) Page 1 of 2	ED CORPO

"MGR" = Manager "MGRM" = Managing Member	
MGR	MONIE J. LEEBY PO. BOX 130111 TAMPA, FI 33681-01
(Use attachment if necessary)	/ /
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	date of filing:

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

ONTE J. LEED
Typed or printed name of signee

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

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)

that the facts stated herein are true.)

Page 2 of 2