

LD70000029872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

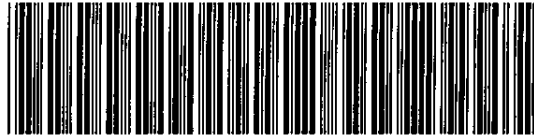
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



Office Use Only



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2007 MAR 19 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 15, 2007

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Application/Articles of Organization
For new Florida LLC

Enclosed please find the Articles of Organization, with designated Registered Agent for processing for LE Seijas, LLC. A check for \$155.00 is enclosed to include Filing Fees in the amount of \$125.00 and Certified Copy in the amount of \$30.00.

As Manager, I may be reached at any time at 386-847-0469 for any additional information.

Sincerely,

A handwritten signature in cursive script that reads "Leonardo Seijas". To the right of the signature, the letters "KS" are handwritten.

Leonardo Seijas
7 Pine Ash Lane
Palm Coast, FL 32164

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LE Seijas, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "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:

7 Pine Ash Lane, Palm Coast, FL 32164

same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Leonardo Seijas

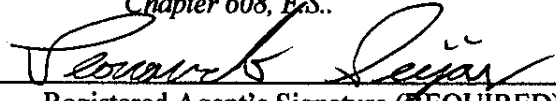
7 Pine Ash Lane

Florida street address (P.O. Box **NOT** acceptable)

Palm Coast FL 32164

City, State, and Zip

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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" = Managing Member

MGR

Name and Address:

Leonardo Seijas

7 Pine Ash Lane


Palm Coast, FL 32164

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____
(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Leonardo Seijas

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)

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CLERK OF DISTRICT COURT
FLORIDA