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| Stephen Leggett (Requestor's Name) |
|--|
| (Requestor's Name) 739) Skipper Ln (Address) |
| (Address) |
| · |
| (Address) |
| Tallahassee PL 32317 (City/State/Zip/Phone #) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | | |
|--|--|--|---------------|----------|
| The name of the Limited Liability Company is | : | | | |
| Leggett & Flagg LLC. | | | | |
| (Must end with the words "Limited Liabi | lity Company, "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: | | | | |
| The mailing address and street address of the p | rincipal office of the Limited Li | iability C | ompa | ny is: |
| Principal Office Address: | Mailing Address: | | | |
| 7391 Skipper Ln | 7391 Skipper Ln | | | |
| Tallahassee FL 32317 | Tallahassee FL 32317 | | _ | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) | d Office, & Registered Agent's stered Agent. You must designate an indiv | s Signatu ridual or ano | ire: other | |
| The name and the Florida street address of the | registered agent are: | TAL SE | 0 | |
| Mary Ann Flagg | | A | 700 | <i>-</i> |
| Name | | HAS | OCT 22 | ST PARTS |
| 7391 Skipper Ln | | AHASSEE.FI | |] |
| · | dress (P.O. Box NOT acceptable) | in⊂: | 3 | |
| Tallahassee FL 323 | 17 _{FL} | 10.1 10.1 10.1 10.1 10.1 10.1 10.1 10.1 | <u>.</u> | |
| City, State, | and Zip | STATE | 58 | |
| Having been named as registered agent and to | accept service of process for the | | ated li | imited |

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:

| MGR Mary Ann Flagg 7391 Skipper Ln Tallahassee FL 32317 Stephen L. Leggett 7391 Skipper Ln Tallahassee FL 32317 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: | "MGR" = Mana; "MGRM" = Mar | | Name and Address: |
|--|-------------------------------|-----------------------|---|
| Tallahassee FL 32317 Stephen L. Leggett 7391 Skipper Ln Tallahassee FL 32317 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: | MGR | | Mary Ann Flagg |
| (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: | | | |
| (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: | | | Tallahassee FL 32317 |
| (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: | MGR | | Stephen L. Leggett |
| (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: | | | |
| ELE V: Effective date, if other than the date of filing: | | | Tallahassee FL 32317 |
| CLE V: Effective date, if other than the date of filing: | | _ | |
| CLE V: Effective date, if other than the date of filing: | | | |
| CLE V: Effective date, if other than the date of filing: | | | |
| CLE V: Effective date, if other than the date of filing: | | | |
| CLE V: Effective date, if other than the date of filing: | | | |
| Signature of a member of 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.) | ffective date is lis | sted, the date must l | e date of filing: (OPTION be specific and cannot be more than five business dates |
| (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.) | | | |
| (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.) | REQUIRED SI | GNATURE: | |
| (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.) | <u>REQUIRED</u> SI | | 'Sarvar |
| Stephen L Leggen Typed or printed mame of signee | REQUIRED SI | | The gran authorized representative of a member. |
| | <u>REQUIRED</u> SI | Signature of a memb | ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)