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EFFECTIVE DATE

DIVISION OF CORPORATIONS
OF OCT 26 PM 1: 42

# **COVER LETTER**

· · · ·
TO: Registration Section Division of Corporations
SUBJECT: FOUTTY LEADERS FINANCIAL SERVICES, LLC (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:
STEVE STAPLETON (Name of Person)
(Name of Person)
(Firm/Company)
Palm HARBOR FC 34685 9 Sign
(Address)
Palm HARBOR FC 34685 9
(City/State and Zip Code)
Palm Harbor FC 34685  (City/State and Zip Code)  For further information concerning this matter, please call:  STEVE STAPLETON  (Name of Person)  (Area Code & Daytime Telephone Number)
STENE STAPLETON = 727 224-3319 = 25
STEVE STAPLETON at (727) 224-3319 Fig. (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$\$155.00 Filing Fee & \$\times \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)}\$\$\$ Certified Copy \text{(additional copy is enclosed)}\$\$\$
Mailing Address Registration Section Registration Section

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
The hame of the Limited Liability Company is:
FOULTY / FARCES Transport Transport //a 8 55
EQUITY LEADERS FINANCIAL SERVICES, LCC 3 (Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.," or "L.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:
3450 EASTLAKE Rd 3450 EASTLAKE Rd
Suite 305 Suite # 305
PUIM HARBOR, PC 34603 YOIM HWEEK PC 34603
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:
STENE Staple Tool
STEVE STAPLETONS Name
19144 854m ST N/
Florida street address (P.O. Box <u>NOT</u> acceptable)
LARGO FL 33773 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

(CONTINUED)
Page 1 of 2

Registered Agont's Signature (REQUIRED)

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

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

"MGRM" = Managing Mem	jei		
	<del>-</del>		
MGRM	STEVE 5- 12144 88 LARGO FR	TAPLETON  TAPLETON  TO ST N  L 33773	07 OCT 26
MGRM	Susie HA	ARRIS alake Circle	by 1:4c
MGRM	TARPONS AMANISA 12144 85 CARGO F	STAPLETON TO ST N C 33773	, <del>,</del>
(Use attachment if necessary	)		
FICLE V: Effective date, if other in effective date is listed, the date r 90 days after the date of filing.	must be specific and cannot be		

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.)

STEUP STAPLETON
Typed or printed name of signce

### Filing Fees:

**REQUIRED SIGNATURE:** 

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)