

LOG000027288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

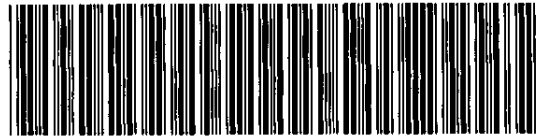
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/13/08--01007--021 **155.00

RECEIVED
08 MAR 13 AM 11:11
FLORIDA SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 3/12/08

B. KOHR

MAR 17 2008

EXAMINER

FILED
08 MAR 17 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Charter Number Only

3-12-08

JONATHAN LEON

Requestor's Name

PO Box 565733

Address

miami, FL 33256

City State ZIP Phone

VALIDATION ONLY

FILED
08 MAR 17 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 3/12/08

CORPORATION(S) NAME

LF GROUP, LLC

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out

LLC

Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
08 MAR 17 AM 11:18
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

March 13, 2008

EMPIRE

TALLAHASSEE, FL

SUBJECT: LF GROUP, LLC
Ref. Number: W08000013392

EFFECTIVE DATE 3/12/08

FILED
08 MAR 17 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LF GROUP, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

The PRINCIPAL OFFICE ADDRESS must be a STREET ADDRESS.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 208A00015471

EFFECTIVE DATE 3/12/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LF Group, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

12251 SW 82nd Avenue

P.O. Box 565733

Miami, FL 33156

Miami, 33256

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:

Jonathan Leon

Name

12251 SW 82nd Avenue

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

Miami

FL 33156

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)

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

Name and Address:

MGRM

Jonathan Leon

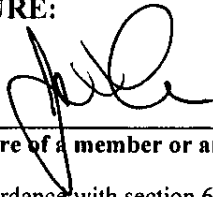
P.O. Box 565733

Miami, FL 33256

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/12/08. (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.)

Jonathan Leon

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)