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DIVISION UF SHAFE PLORIDA

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ECRETARY OF STAT

N. Collingua JUN 272008

## COVER LETTER

Registration Section

Division of Cor	porations		
SUBJECT:	NTHONYLEE (Name of Limited	LL C Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
Ant	hony F. La	e Quality (1997)	
·	(F	Firm/Company)	
7345	Hampshise	1000	
Tallal	hassee, FC	(Address)  -32309  State and Zip Code)	
For further information of	concerning this matter, please c	all:	
		at ()(Area Code & Daytime Tel	
(Name	of Person)	(Area Code & Daytime Tel	epḥone Number)
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(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 print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2345 Hampshire Way Tollahassed, FC32369	2345 Hampshire Way Tallahassee, FL32309
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the repair of the property of the p	ess (P.O. Box NOT acceptable)  FL 32309
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S
Registered Agent's Signatur	re (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:	
MGR	Anthony F Lee 2345 Hampshire Way Tallahassee, FC32309	
(Use attachment if necessary)		
	nan the date of filing: (OPTIONAL) e must be specific and cannot be more than five business day ing.)	<b>7</b> §
REQUIRED SIGNATURE:		
	member of an authorized representative of a member.	
(In accordance	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury	•
		1
	Typed or printed name of signee	}

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

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