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(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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FILED SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Zo	ne Real Est (Name of Limite	ate Group, L d Liability Company)	LC
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
	David	d Leabetter	
	(	Name of Person)	
	David	M Leadbetter, LLC	
	(	(Firm/Company)	
<u> </u>	45 !	Dogwood Trace	<del></del>
		(Address)	
<del>-</del>		n Springs, FL 34688	
	(City	/State and Zip Code)	
For further information of	concerning this matter, please	call:	
David Leadbett	ter	at ( 727 ) 946-4596	3
(Name	of Person)	at ( 727 ) 946-4596 (Area Code & Daytime Tele	phone 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 C Tallahassee, FL 32301	ircle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Zone Real Estate (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
45 Dogwood Trace Tarpon Springs, FL 34688	45 Dogwood Trace Tarpon Springs, FL 34688
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re-	<u>e</u> 22
Name	FAR.
45 Dogwood Florida street addr Tarpon Springs,	d Trace ress (P.O. Box NOT acceptable) FI. 34688
City, State, ar	1 L
Having heen named as registered agent and to a	ocent service of process for the above stated limited

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)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Jeffry J Clausen Jr., LLC
	704 South Keyston Ave.
	Clearwater, FL 33756
MGRM	David M. Leadbetter, LLC
	45 Dogwood Trace
	Tarpon Springs, FL 34688
·	
Use attachment if necessary)	
•	
EV: Effective date, if other that	an the date of filing: (OPTIO
ective date is listed, the date m	ust be specific and cannot be more than five business of
days after the date of filing.)	•
•	
REQUIRED SIGNATURE:	
	nember of an authorized representative of a member.
-	
Signature of a n	nember of an authorized representative of a member.  with section 608.408(3), Florida Statutes, the execution a constitutes an affirmation under the penalties of perjury

#### 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)

Jeffery J. Clausen Jr.

Typed or printed name of signee