

L08000094798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

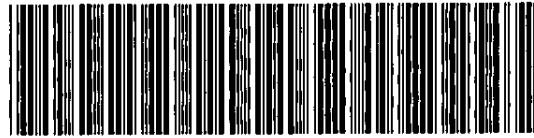
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**A. LUNT**  
OCT - 7 2008  
**EXAMINER**

Office Use Only



900134646739

10/06/08--01023--001 \*\*130.00

2008 OCT - 6 P 12: 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Asset Leveraging, 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:

Deon T. Williams  
(Name of Person)

Asset Leveraging, LLC  
(Firm/Company)

2459 Cheney Hwy, Suite 54  
(Address)

Titusville, FL 32780  
(City/State and Zip Code)

**FILED**  
 2008 OCT -6 P 12:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Deon T. Williams at ( 321 ) 267-2303  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Circle  
 Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

2459 Cheney Hwy  
Suite 54  
Titusville, FL 32780

2459 Cheney Hwy  
Suite 54  
Titusville, FL 32780

**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:

Deon T. Williams  
Name

1685 Ticonderoga Ct  
Florida street address (P.O. Box **NOT** acceptable)

Titusville FL 32796  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 OCT -6 P 12:05

FILED

*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..*

Deon T. Williams  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Deon T. Williams  
1685 Ticonderoga Ct  
Titusville, FL 32796

President

Deon T. Williams  
1685 Ticonderoga Ct  
Titusville, FL 32796

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
2008 OCT - 6 PM 12: 06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

Deon T. Williams  
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.)

Deon T. Williams  
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)