

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

LEPY, LLC.



Certificate of Status	0
Certified Copy	0
Page Count	03
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Corporate Filing Menu

M. THOMAS

FEB - 5 2009

EXAMINER

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

LEPY, LLC.

Office and 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:

1860 Rutland Street Ops-Locks, Fl 33054 4875 N.W. 5th Street Plantation, Fl 33317

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

(The limited limitly Company cannot serve as its Registered Agent. You must designate an individual or snother business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

NASHID SABIR

•

18350 N.W. 2<sup>ND</sup> AVENUE SUITE 500

(Florida spect address (P.O. Box NOT socceptable)

MIAMI GARDENS, FLORIDA 33169

City, State, and Zip

Having been named as registered agent and to accept rervice 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 providens of all statement 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.

MASHID SABIR MONLS

Registered Agent

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ARTICLE IV-Manager(s) or Managing Mo The name and address of each Manager or	ember(s): Managing Member is as follows:
Title:	Name and Address:
"MGR"= Manager "MGRM"= Managing Member	
<u>MGRM</u>	LONZIE BARNES SYMONETTE 11261 PALMERS GREEN DRIVE PEYTON, COLORADO, 80831
<u>MGRM</u>	ESTELLE BARNES JEFFERSON 1344 WINDING RIDGE CIRCLE VALDOSTA, GA 31608
MGR_	PATRICIA BARNES JOHNSON 19210 N.W. 11 <sup>TH</sup> AVENUE MIAMI GARDENS, FL 33: 69
<u>MGRM</u>	YVONNE BARNES CULBRETH 4875 NW 5 <sup>TH</sup> STREET PLANTATION, FL 33317
Article V: Effective date, if other than the date of filing:	
Signature of a member or an authorized representative of a member	
(In accordance with section 608.408(3), Floridz Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
	IA BARNES JOHNSON or printed name of signee

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