

L09000030529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

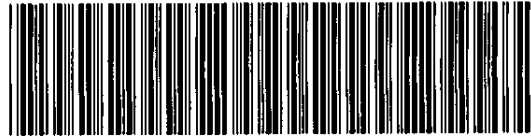
(Business Entity Name)

(Document Number)

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

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Office Use Only



800147318088

03/30/09--01026--015 \*\*160.00

EFFECTIVE DATE

03/30/09

RECEIVED  
09 MAR 30 PM 12:10  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 MAR 30 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 30 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LE Soif  
(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:

LEE SATTERFIELD  
(Name of Person)

1700 N. MONROE ST. SUITE #19  
(Firm/Company)

TALLAHASSEE FL. 32301  
(Address)  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime 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)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/**  
Regis/  
Divi/  
Clif/  
26/  
T

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LE SOIF, 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:**

1700 N. MONROE ST. SUITE #19  
TALLAHASSEE, FL. 32301

SAME

**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:

**EFFECTIVE DATE**

03/30/09

LEE SATTERFIELD

Name

1700 N. MONROE ST. SUITE #19

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

TALLAHASSEE FL 32301

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..*

LEE SATTERFIELD

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
09 MAR 30 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

LEE SATTERFIELD  
MGRM

420 N. ADAMS ST. # 306  
TALLAHASSEE, FL. 32301

CAROL L. HANCOCK  
MGRM

420 N. ADAMS ST. # 306  
TALLAHASSEE, FL. 32301

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3/30/09 (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:**

R. LEE SATTERFIELD

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.)

R. LEE SATTERFIELD

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)