

**L09000107824**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000237713 3)))



H090002377133ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070C00160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9385

FILED  
2009 NOV -9 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Leesman Tracey LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

**C. LEWIS**

NOV 10 2009

**EXAMINER**

RECEIVED  
09 NOV -9 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

40900002377133

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

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

LEESMAN TRACEY LLC

**ARTICLE II ADDRESS**

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

530 EAST 13TH STREET #18  
NEW YORK, NEW YORK 10009**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

A1A REGISTERED AGENT INC.  
5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FLORIDA 33411

Having been named as registered agent 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.

x Ima Maki TILK Maki PRES 11/9/09

A1A REGISTERED AGENT INC./ Registered Agent's signature

FILED  
2009 NOV - 9 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H0900002377133

PAGE 2

LEESMAN TRACEY LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

KEVIN TRACEY

530 EAST 13TH STREET #18

NEW YORK, NEW YORK 10009

MANAGING MEMBER

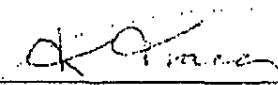
ROBERT LEESMAN

530 EAST 13TH STREET #18

NEW YORK, NEW YORK 10009

FILED  
2009 NOV -9 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

X

  
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.

KEVIN TRACEY