

W09000108995

(Requestor's Name)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W09000049271

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 12 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Leslie's Home Organization Services  
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:

Leslie Ann Perkins  
Name of Person

Leslie's Home Organization Services  
Firm/Company

1672 Northridge Road Niceville, Florida 32578  
Address

Niceville, Florida 32578  
City/State and Zip Code

Leslie@familyperkins.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Ann Perkins at ( 850 ) 897-2463  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2009

LESLIE ANN PERKINS  
1672 NORTHRIDGE ROAD  
NICEVILLE, FL 32578

SUBJECT: LESLIE'S HOME ORGANIZATION SERVICES, LLC  
Ref. Number: W09000049271

We have received your document for LESLIE'S HOME ORGANIZATION SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 809A00034955

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Leslie's Home Organization Services, 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:

1672 Northridge Road  
Niceville, Florida 32578

#### Mailing Address:

1672 Northridge Road  
Niceville, Florida 32578

### 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:

Leslie Ann Perkins

Name

1672 Northridge Road

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

Niceville, Florida 32578

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

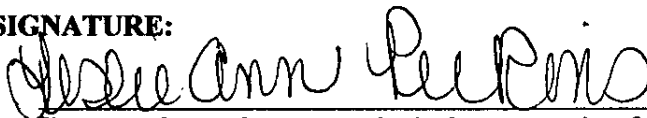
**Name and Address:**

MGRM	Leslie Ann Perkins
	1672 Northridge Road
	Niceville, Florida 32578

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1-01-2010 (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:**



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.)

Leslie Ann Perkins

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)

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09 NOV 10 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA