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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**A. LUNT**

APR -9 2010

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 APR -8 PM 1:42

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LAW OFFICES  
**THOMPSON & FOOTE, P.A.**

FIFTH THIRD BANK BUILDING  
1150 CLEVELAND STREET - SUITE 301  
CLEARWATER, FLORIDA 33755

SALLY H. FOOTE  
Board Certified in Real Estate  
DENNIS P. THOMPSON

TELEPHONE (727) 449-1212  
FACSIMILE (727) 446-3043  
email: [tflaw@tflawfirm.com](mailto:tflaw@tflawfirm.com)

April 6, 2010

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


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2010 APR -8 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RE: Ridge Leasing, LLC

Ladies and Gentlemen:

I enclose for filing the Articles of Organization for Ridge Leasing, LLC, together with the required cover letter and our firm's check #20697 in the amount of \$130.00. Please send the Certificate of Status to me at the above address.

Very truly yours,



Sally H. Foote

SHF:dsv  
Enclosures (3)

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: RIDGE LEASING, LLC, a Florida limited liability company  
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:

Mr. Bruce L. Dandrew

Name of Person

Firm/Company

8609 Dolce Vita Lane

Address

Odessa, Florida 33556

City/State and Zip Code

bdandrew2@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mr. Bruce L. Dandrew

Name of Person

at ( 813 ) 792.1035

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Ridge Leasing, LLC, a Florida limited liability company

(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:

8609 Dolce Vita Lane

Odessa, Florida 33556

#### Mailing Address:

8609 Dolce Vita Lane

Odessa, Florida 33556

### 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:

Bruce L. Dandrew

Name

8609 Dolce Vita Lane

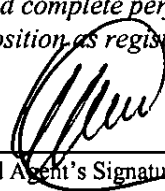
Florida street address (P.O. Box **NOT** acceptable)

Odessa,

FL 33556

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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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:**

MGRM

Bruce L. Dandrew

8609 Dolce Vita Lane

Odessa, Florida 33556

\_\_\_\_\_

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TALLAHASSEE, FLORIDA

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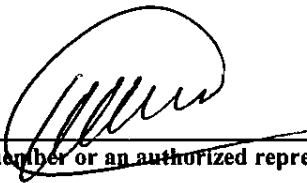
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(Use attachment if necessary)

**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:**



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.)

Bruce L. Dandrew

Typed or printed name of signer

**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)**