L11000042869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 11 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lesgeo LLC
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 Porter
Name of Person

Firm/Company

2640 Lake Shore Dr. Unit 1908
Address

Riviera Beach, FL 33404
City State and Zip Code

lesgeo1111@yahoo.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Porter at (724) 355-7990
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Lesgeo, LLC

(Must end with the word "Limited Liability Company" or "Limited Liability Company" 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:**
2640 Lake Shore Dr	2640 Lake Shore Dr
Unit 1908	Unit 1908
Riviera Beach, FL 33404	Riviera Beach, FL 33404

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(If the Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or other business entity with an active Florida registration.)

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

Leslie Porter
Name

2640 Lake Shore Dr. Unit 1908
Florida street address (P.O. Box **NOT** acceptable)

Riviera Beach FL 33404
City, State, and Zip

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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)

EFFECTIVE DATE 04/04/11

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" – Managing Member	
MGR	Leslie Porter 2640 Lake Shore Dr Unit 1908 Riviera Beach FL 33404

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/04/2011 **(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.)

Leslie Porter

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)