## L11000081532

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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11 JUL 14 AN ID: 11

STORETARY OF STATE
15(LAHASSEE, FLORID)

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations			
SUBJECT:		RIC EAST, "LLC."	
	Name of Limit	ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	JOH	N P. LEEDY	
		Name of Person	
	LEEDY ELE	CTRIC EAST, "LLC."	
		Firm/Company	
	5445 O\	VERLOOK POINT	
		Address	
	LAKEL	AND, FL. 33813	
		y/State and Zip Code	
		AMPABAY.RR.COM	
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
JOHN P	. LEEDY	at ( 863 ) 581-1478	
Name	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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 Tallahassec, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limite	ed Liability Company is	:	
LEI	EDY ELECTRIC	C EAST, "LLC."	
(Must en	d with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addre	ee•		
		orincipal office of the Limited Liab	ility Company is:
Principal Office Address:		Mailing Address:	
5445 OVERLOOK POINT		5445 OVERLOOK POINT	
LAKELAND, FL. 33813		LAKELAND, FL. 33813	
			<del></del>
The name and the Flori	da street address of the  JOHN P. LE  Name  5445 OVERLO	EEDY	JUL 14 AM 10: 16 ECRETARY OF STATE ALLAHASSEE, FLORIDA
	LAKELAND	<sub>FL</sub> 33813	
· · ·	City, S	tate, and Zip	
liability company at registered agent and ag statutes relating to th	the place designated in gree to act in this capaci e proper and complete p	accept service of process for the abo this certificate, I hereby accept the a ty. I further agree to comply with th erformance of my duties, and I am fa istered agent as provided for in Cha	appointment as e provisions of all amiliar with and

(CONTINUED)

Registered Agent' Signature (REQUIRED)

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member "MGRM" JOHN P. LEEDY 5445 OVERLOOK POINT LAKELAND, FL. 33813 (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.

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)

(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.

Typed or printed name of signee