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SECRETARY OF STATE
TAIL AHASSEF FI ORIGA

JUL 2 8 2011 EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Leather Lust Enterprises, L.L.C.	
	Name of Limited Liability Company	
The en	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Brenda Blake	
	Name of Person	_
	Leather Lust Enterprises, L.L.C. Firm/Company	_
	t in becompany	
	1600 SW 116 Avenue	
	Address	_
	Davie, FL 33325-4731 City/State and Zip Code	_
	·	
	E-mail address: (to be used for future annual report notification)	
For fur	rther information concerning this matter, please call:	
Brend	da Blake at (954) 482-8888	
	Name of Person Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
\$125.00	0 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\ \text{Certified Copy} (additional copy is enclosed)}\$\$	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Leather Lust Enterprises, L.L.C.		
	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	
Leather Lust Enterprises, L.L.C.	Leather Lust Enteprises, L.L.C.	
Leather Lust Enterprises, L.L.C. 1600 SW 116 Avenue	Leather Lust Enteprises, L.L.C. 1600 SW 116 Avenue	
1600 SW 116 Avenue Davie, FL 33325-4731 ARTICLE III - Registered Agent, Reg	1600 SW 116 Avenue Davie, FL 33325-4731 istered Office, & Registered Agent's Sig	
1600 SW 116 Avenue Davie, FL 33325-4731 ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	1600 SW 116 Avenue Davie, FL 33325-4731 istered Office, & Registered Agent's Sig wn Registered Agent. You must designate an individual of	or another
1600 SW 116 Avenue Davie, FL 33325-4731 ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	1600 SW 116 Avenue Davie, FL 33325-4731 istered Office, & Registered Agent's Sig wn Registered Agent. You must designate an individual of	or another ZOIL JU ALLA
1600 SW 116 Avenue Davie, FL 33325-4731 ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	1600 SW 116 Avenue Davie, FL 33325-4731 istered Office, & Registered Agent's Sig wn Registered Agent. You must designate an individual of the registered agent are: Name	or another ZOIL JU ALLA
1600 SW 116 Avenue Davie, FL 33325-4731 ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address of Brenda Blake 1600 SW 116 Avenue	1600 SW 116 Avenue Davie, FL 33325-4731 istered Office, & Registered Agent's Sig wn Registered Agent. You must designate an individual of the registered agent are: Name	or another ZOIL JU ALLA
1600 SW 116 Avenue Davie, FL 33325-4731 ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address of Brenda Blake 1600 SW 116 Avenue	istered Office, & Registered Agent's Sig wn Registered Agent. You must designate an individual of the registered agent are: Name e treet address (P.O. Box NOT acceptable)	SECRETARY C

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

FILEU

	Manager or Managing Member is as follows: 2011 JUL 27 AM (
<u>Title:</u> "MGR" = Manager	Name and Address: SECRETARY OF ST. TALLAHASSEE. FLO
"MGRM" = Managing Member	-L
Wallaging Weller	
MGR	Brenda Blake
	1600 SW 116 Avenue
	Davie, FL 33325-4731
MGRM	Kirsten Seiver
	1600 SW 116 Avenue
	Davie, FL 33325-4731

(Use attachment if necessary)	
(Use attachment if necessary)	
CLE V: Effective date, if other t	han the date of filing: (OPTIONAL)
CLE V: Effective date, if other the effective date is listed, the date	
CLE V: Effective date, if other t	
CLE V: Effective date, if other the effective date is listed, the date	
CLE V: Effective date, if other the effective date is listed, the date	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.)	
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CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more than five business days prior
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CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with secondarics)	must be specific and cannot be more than five business days prior Lake member or an authorized representative of a member. etion 608.408(3), Florida Statutes, the execution of this document
CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmation 1 am aware that any fallows)	must be specific and cannot be more than five business days prior ——————————————————————————————————
CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmation 1 am aware that any fall	must be specific and cannot be more than five business days prior Local Diake member or an authorized representative of a member. etion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.

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)