

L11000089851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

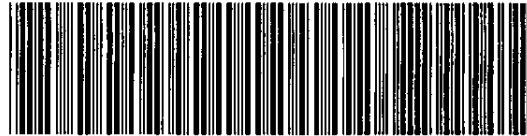
(Document Number)

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125.00

EFFECTIVE DATE 7/27/2011

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG -3 AM 9:09

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Leonne Referral Services, LLC  
Name of Limited Liability Company

EFFECTIVE DATE 7/27/2011

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leonne St. Louis  
Name of Person  
Leonne Referral Services,  
Firm/Company  
12810 University Club Drive # Apt 101  
Address  
Tampa, FL 33612  
City/State and Zip Code  
Leonne5Bridal@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leonne St. Louis at (813) 900-4592  
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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EFFECTIVE DATE 7/27/2011

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Leanne Referral Services, LLC  
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

12810 University Club  
Drive # Apt 101

Mailing Address:

12810 University Club  
Drive # Apt 101

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:

Robecca St. Louis  
Name

12810 University Club Dr. # Apt 101  
Florida street address (P.O. Box **NOT** acceptable)

Tampa, FL 33612  
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..*

[Signature]  
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:**

MGR

Leanne St. Louis  
12810 University Club Dr.  
Apt 101 Tampa, FL 33612

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7/18/11<sup>27</sup> (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.)

Leanne St. Louis  
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)