

L12000002276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

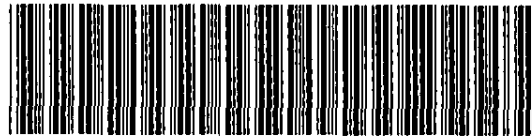
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JAN - 5 2012

EXAMINER



700215475947

RECEIVED

12 JAN - 5 PM 1:48

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 1/4/2012

12 JAN - 5 PM 3:11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

EFFECTIVE DATE

1/4/2012

ACCOUNT NO. : I20000000195

REFERENCE : 050767 4385779

AUTHORIZATION :

[Signature]

COST LIMIT : \$155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -5 PM 3:11

ORDER DATE : January 5, 2012

ORDER TIME : 12:29 PM

ORDER NO. : 050767-005

CUSTOMER NO: 4385779

DOMESTIC FILING

NAME: ICHIGO LEASING, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
____ _____ PLAIN STAMPED COPY
____ _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -5 PM 38 11

EFFECTIVE DATE 1/4/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ichigo Leasing, LLC

(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:

2616 SE 21st Place

Cape Coral, FL 33904

Mailing Address:

2616 SE 21st Place

Cape Coral, FL 33904

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:

Alex Mayus

Name

2616 SE 21st Place


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

Cape Coral

FL 33904

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)

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

Alex Mayus

2616 SE 21st Place

Cape Coral, FL 33904

MGRM

Imai Yumiko

2616 SE 21st Place

Cape Coral, FL 33904

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/4/2012 (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.)

ALEX MAYUS

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)