## #1 12000096585

(Requestor's Name)
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(City/State/Zip/Phone #)
(City/State/2)pre-none #)
PICK-UP WAIT MAIL
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K.SALY EXAMINER JUL 26 2012

## COVER LETTER

Division of	on Section Corporations		
SUBJECT: 806	De Leon		
		ed Liability Company	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corr	espondence concerning this mat	er to the following:	
Stephe	n Ryan		
		Name of Person	
806 De	Leon		
		Firm/Company	
26 Forn	nosa Ave		
		Address	
Tampa F	L 33606		
		//State and Zip Code	
Stevesco	mp@alo.com	or future annual report notification)	
For further informati	on concerning this matter, please	•	
Stephen Ryan		at ( 813 ) 3893866	
Nai	ne 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 & \$160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	s &
	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

806 De Leon L.L.C.	
(Must end with the words "Lir	nited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
26 Formosa Ave	26 Formosa Ave
Tampa FL 33606	Tampa FL 33606
The name and the Florida street address  Stephen Ryan	
Stephen Ryan	Name 23 F
Stephen Ryan  26 Formosa	Name Ave
Stephen Ryan  26 Formosa  Florida	Name  Ave a street address (P.O. Box NOT acceptable)
Stephen Ryan  26 Formosa	Name  Ave a street address (P.O. Box NOT acceptable)  FL 33606
Stephen Ryan  26 Formosa  Florida	Name  Ave a street address (P.O. Box NOT acceptable)

(CONTINUED)

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:

03.40 D.B. = 3.4	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Stephen Ryan
	26 Formosa Ave
	Tampa FL 33606
<del> </del>	
•	, (ODTION
LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.)  REQUIRED SIGNATURE:	an the date of filing: (OPTION ust be specific and cannot be more than five business d
fective date is listed, the date m days after the date of filing.) REQUIRED SIGNATURE:	an the date of filing: (OPTION ust be specific and cannot be more than five business defined by the specific and cannot be more than five business defined by the specific and cannot be more than five business depends on the specific and cannot be more than five business depends on the specific and cannot be more than five business depends on the specific and cannot be more than five business depends on the specific and cannot be more than five business depends on the specific and cannot be more than five business depends on the specific and cannot be more than five business depends on the specific and cannot be more than five business depends on the specific and cannot be more than five business depends on the specific and cannot be more than five business depends on the specific and cannot be more than five business depends on the specific and cannot be more than five business.
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section constitutes an affirmation I am aware that any false	ust be specific and cannot be more than five business d
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State at felony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)