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Office Use Only



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SECNETARY OF STATE

T. CLINE
AUG - 6 2012
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: SUGAY LEAST W. LUC Name of Limited Liability Company	
The en	sclosed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Eli3abeth Serio Name of Person	
	Syar Leaf W.	
	944 JEFFERY STREET	
	BOCA RATON, FL 33487 City/State and Zip Code	
-	E-meli address: (to be used for future-annual report notification)	
For fur	ther information concerning this matter, please call:	
Ð	Name of Person at (501) 358-1385 Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
	Filing Fee \$\int_{\text{\$130.00 Filing Fee}} \text{\$\$155.00 Filing Fee} & \$\int_{\text{\$160.00 Filing Fee}} \text{\$\$\$Certified Copy} & Certificate of Status & Certified Copy &	Manageri Ma Manageri Manageri Manageri Manageri Manageri Manageri Manageri
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Character Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Character Address Corporations Co	B

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:
The name of the Limited Liability Company is:
(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: Mailing Address:
SUGAY LEAF (O. 944 JEFFERY STREET BOLA RATON, FL 33487 BOLA RATON, FL 33487
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:
Elizabeth Seno
Plorida street address (P.O. Box NOT acceptable)
Roca Rota, FL 33487 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 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 again accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature (RIQUIRED)

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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 approprized 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.)

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)

ARTICLE IV- Manager(s) or Managing Member(s):

Typed or printed name of signee