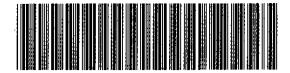
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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AUG 10 2012

T. HAMPTON

# **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations	
SUBJECT: L&M3 Leasing, LLC	
	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Les Tomlin	
	Name of Person
L&M3 Leasing, LLC	
	Firm/Company
1040 Stokes Street	
	Address
Jacksonville, Florida 32221	
	ry/State and Zip Code
lestomlin@yahoo.com	
	for future annual report notification)
For further information concerning this matter, please	e can:
Kelly C. Usery	at ( 904 ) 798-0002
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	ompany is:
L&M3 Leasing, LLC	·
(Must end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addre	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

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

1040 Stokes Street

Jacksonville, Florida 32221

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

8294 Devoe Street

Jacksonville, Florida 32220

Leonard Lesley To	omlin III
	Name
1040 Stokes S	Street
Florida str	eet address (P.O. Box NOT acceptable)
Jacksonville	<sub>FL</sub> 32221
C	ity, 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)

Page 1 of 2

SECRETARY OF SYMIONS
DIVISION OF CORPORATIONS

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

The name and address of each Manager or Managing Member is as follows:

MGRM	Leonard Lesley Tomlin III	
<del></del>	1040 Stokes Street	_
	Jacksonville, Florida 32221	
·		_
		_
•		
<del></del>		
		_
<del></del>		
		_
		_
Use attachment if necessary)		
FV. Effective date if other than t	he date of filing: (OPTI	ON

### **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.)

## Leonard Lesley Tomlin III

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)