

L13000046700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

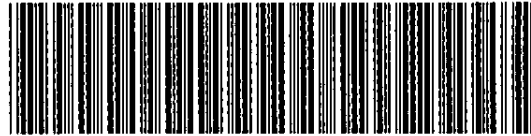
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2013 MAR 28 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 29 2013

J. BRYAN

CLARK HILL

James R. Waggoner
T 248.988.8573
F 248.988.2513
Email: jwaggoner@clarkhill.com

Clark Hill PLC
151 South Old Woodward Avenue
Suite 200
Birmingham, Michigan 48009
T 248.642.9692
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clarkhill.com

March 27, 2013

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

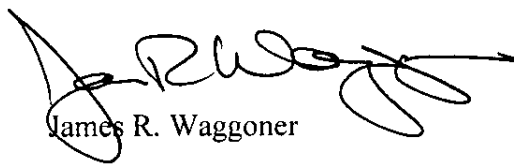
Re: Articles of Organization – Leeshore Lane LLC

Dear Sir/Madam:

On behalf of the entity referenced above, please find enclosed Articles of Organization as well as a check in the amount of \$125 to cover the applicable filing fee. Should you have any questions regarding the enclosed, please do not hesitate to contact me at the number listed above. Kind regards,

Very truly yours,

CLARK HILL PLC



James R. Waggoner

Enclosure

cc: Joseph A. Bonventre (w/ encl.)
Thomas S. Nowinski (w/ encl.)
David Stahl (w/ encl.)

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TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Leeshore Lane LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

David Stahl

Name of Person

Plante Moran LLP

Firm/Company

27400 Northwestern Hwy.

Address

Southfield, MI 48037-0307

City/State and Zip Code

david.stahl@plantemoran.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lizbeth A. Snyder

at (

765

661-4241

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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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Leeshore Lane 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:

4945 Leeshore Lane
Fernandina Beach, Florida 32034

Mailing Address:

4945 Leeshore Lane
Fernandina Beach, Florida 32034

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:

Lizbeth A. Snyder

Name

4945 Leeshore Lane

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

Fernandina Beach FL 32034

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)

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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:

Manager

Lizbeth A. Snyder

4945 Leeshore Lane

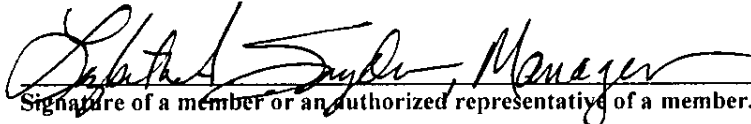
Fernandina Beach, Florida 32034

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Lizbeth A. Snyder, Manager

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)