

L13000053279

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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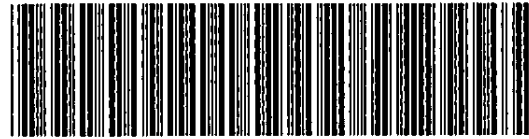
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 APR 10 PM 3:43

FILED

(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LECS Ltd. Liability Co.  
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:

Elliot Robinson

Name of Person

Firm/Company

816 SW Watson St.

Address

Ft. White, FL 32038

City/State and Zip Code

elliot.robinson@lecsltd.com

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

For further information concerning this matter, please call:

Elliot Robinson

Name of Person

at ( 321 ) 252-9660

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

LECS Ltd. Liability Co.

(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:

816 SW Watson St.

Fort White, FL 32038

### Mailing Address:

816 SW Watson St.

Fort White, FL 32038

## 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:

Elliot Robinson

Name

816 SW Watson St.

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

Fort White

FL

32038

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

Elliot Robinson

816 SW Watson St.

Ft. White FL, 32038

MGRM

Matt Clark

1657 Woodcrest Lane

Daytona Beach, FL 32114

MGRM

Chris Wright

2566 BearCreek Court

Kissimmee, FL 34747

MGRM

Jorge Torres

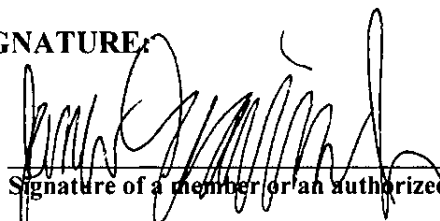
4099 Chastain Dr.

Melbourne, FL 32940

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1 April, 2013 <sup>SL</sup> (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.)

James Gregoire

\_\_\_\_\_  
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)**

MGRM	Jan Kasprzak	3152 Sandy Hook Rd. Street, MD, 21154
MGRM	Nate Quirion	27 Bardin Drive Queensbury, NY 12804
MGRM	James Gregoire	158 Westwood Dr Daytona Beach, FL 32119
MGRM	Ilteris Demirkiran	600 S. Clyde Morrid Blvd Daytona Beach, FL, 32114