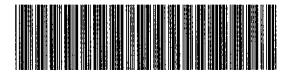
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2013 MAY 30 AN II: 5:
SECRETARY OF STATE

(850) 245-6051.

#### **COVER LETTER**

TO: **Registration Section Division of Corporations** ₋ean on Jean, 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: Jean M. Morningstar Name of Person Firm/Company 17451 Over Hill Drive, E Address Fort Myers, FL 33908 City/State and Zip Code ieanmstar@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jean M. Morningstar Name of Person Enclosed is a check for the following amount: **125.00** Filing Fee □\$130.00 Filing Fee & \$160.00 Filing Fee, □\$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

ARTICLE I - Name:		
The name of the Limited Liability Compan	y is:	
Lean on Jean, LLC		
~~~~~ <u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	Liability Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address:		
The mailing address and street address of the	he principal office of the Limited Liabi	ility Company is:
Principal Office Address:	Mailing Address:	
17451 Over Hill Drive, E	same as principal office	
Fort Myers, FL 33908		
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	Registered Agent. You must designate an individua	
	the registered agent are.	C 🔀
Jean M. Morningstar	Name	ALC:
	vanic	FILEU  RECRETARY OF STATE  TALLAHASSEE, FLORIC  TALLAHASSEE
17451 Over Hill Drive, E		155 33 LE
	eet address (P.O. Box <u>NOT</u> acceptable)	Fig.
Fort Myers, FL 33908	8 <sub>FL</sub>	75 <b>2</b>
City, State, and Zip		<b>三</b>
Having been named as registered agent an liability company at the place designates registered agent and agree to act in this call statutes relating to the proper and con and accept the obligations of my position	d in this certificate, I hereby accept the capacity. I further agree to comply with mplete performance of my duties, and I d	pove stated limited appointment as the provisions of am familiar with

(CONTINUED)

Jan M. Manungstar
Registered Agent's Signature (REQUIRED)

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:

	ddress:	_					
. Morning	gstar						
Over Hill	Drive, E						
ers, FL	33908						
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rida S s of p	eri	eriury that th	eriury that the facts sta	Statutes, the execution of this do perjury that the facts stated hereing a document to the Department	a a document to the Department of States	n a document to the Department of State	perjury that the facts stated herein are true

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)