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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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ALL AHASSEF FLORIDA

K. SALY EXAMINER

SEP 3 0 2013

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Lead	ding Lines LLC		
SUBJECT:		ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Nancy \	W. Mackey		
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Name of Person	
Leading	g Lines LLC		
		Firm/Company	
8815 C	onroy Winder	mere Road, Sui	te 402
		Address	
Orlando	o, FL 32835		
	Cit	ry/State and Zip Code	
nmackey(@bellsouth.net		
	·	for future annual report notification)	
For further information	concerning this matter, please	e call:	•
Al Mackey		407 592-18	589
Name	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for	or 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	Street/Courier Address Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Company is:	
Leading Lines LLC (Must end with the words "Limited Liability)	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Nancy W. Mackey	8815 Conroy Windermere Rd, # 402, Orlando, FL 32835
Albert L. Mackey	8815 Conroy Windermere Rd., # 402, Orlando, FL 32835
business entity with an active Florida registration.) The name and the Florida street address of the real Albert L. Mackey Name	egistered agent are:
8815 Conroy Windermere Rd., Suit	te 402,
	ress (P.O. Box NOT acceptable)
Orlando, FL 32835	FL
City, Sta	ate, and Zip
liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete.	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Nancy W. Mackey
	8815 Conroy Windermere Rd., # 402,
	Orlando, FL 32835
MGRM	Albert L. Mackey
	8815 Conroy Windermere Rd.,
	Orlando, FL 32835
	
(Use attachment if necessary) LE V: Effective date, if other than fective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE:	n the date of filing: (OPTION must be specific and cannot be more than five busing.)
LE V: Effective date, if other than fective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE:	must be specific and cannot be more than five busing.)
LE V: Effective date, if other than ffective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE:	must be specific and cannot be more than five busing.)
LE V: Effective date, if other than fective date is listed, the date is or 90 days after the date of filing REOUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation to I am aware that any false in	must be specific and cannot be more than five busing.)

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)