## 413000/51369

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

OCT 2 8 2013

T. HAMPTON

## COVER LETTER

	egistration Section vision of Corporations
SUBJECT:	: Lees Auto Repair LLC Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter to the following:
	Lee Kpanguoi
	Lels Auto Repair Lic
	5210 Palisades DR
	Orlando Te 32808 City/State and Zip Code Alle Kayla Lee @ yahoo, com
	Alle Kayla we by yando worm  E-mail address: (to be used for future annual report notification)
For further i	information concerning this matter, please call:
lee.	Kpanguoi at 40, 234-4528  Name of Person Area Code & Daytime Telephone Number
Enclosed is	s a check for the following amount:
	Filing Fee \$\frac{1}{2}\$\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:		
LEES AUTO REPAIR  (Must end with the words "Limited Liability")	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
2705 Belco Or Ste 3 Oriando, Fi 32808	2765 Belco Pr. Orlando, Fl. 328	Ste 3 508
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent ered Agent. You must designate an ind	t's Signature: ividual or another
The name and the Florida street address of the re	<u> </u>	
Alexandria	Videnia	
ranc		
531 Ume ST Florida street add	rcss (P.O. Box <u>NOT</u> acceptable)	
Maitland	FL 32751 te, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete and accept the obligations of my position as reg	his certificate, I hereby accept ty. I further agree to comply v e performance of my duties, ar	the appointment as with the provisions of nd I am familiar with
Registered Agent's Signatu	ire (REQUIRED)	FIL 2013 OCT 25 SECRETARY TALLAHASSE
(CONTINU	,	ILED 125 AMII: I TARY OF STAT ASSEE, FLORI
Page 1 of 2		를 <b>등</b>

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGR	Lee Kpanquoi	
<u> </u>	5210 Palisacus a	2
narm	onumo , FC 328	08
NGRM	Kayee Nowinnie	2
	15312 (Bypar Car	- Apple CT
	Winter conclunt	TH. 34181
marm	Hexandria Vic	taria
	537 Lyme St	* #B
	maltland, Th	32751
		· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)		
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