

L14000005375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

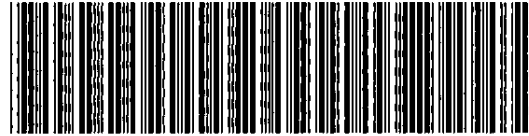
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EFFECTIVE DATE

1-3-14

FILED  
14 JAN -6 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 10 2014

T. BROWN

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Leprechaun Enterprises, 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:

Claude G. Kincade

Name of Person

Leprechaun Enterprises, LLC

Firm/Company

4305 17th Street East

Address

Ellenton, Florida 34222

City/State and Zip Code

claudekincade@hotmail.com

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

For further information concerning this matter, please call:

Claude Kincade

at

941

Area Code

462-4629

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

EFFECTIVE DATE

1-3-14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Leprechaun Enterprises, 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:

Mailing Address:

4305 17th Street East

Ellenton, Florida 34222

4305 17th Street East

Ellenton, Florida 34222

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:

Julie S. E. Kincade

Name

3710 63rd Street West

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

Bradenton

City

FL 34209

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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

MGR

**Name and Address:**

Claude G. Kincade

4305 17th Street East

Ellenton, Florida 34222

Judith V. Kincade

4305 17th Street East

Ellenton, Florida 34222

Julie S. E. Kincade

3710 63rd Street West

Bradenton, Florida 34209

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3 January 2014 (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.)

**ARTICLE VI:** Other provisions, if any.

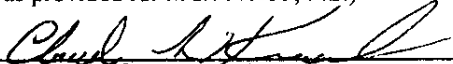
**REQUIRED SIGNATURE:**

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

Claude G. Kincade

  
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)**