

# L14000062872

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000090487 3)))



H140000904873ABC0

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : COURT ACCESS CENTERS OF AMERICA  
Account Number : 075350000541  
Phone : (813) 875-1333  
Fax Number : (813) 200-1050

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: maroga@verizon.net

RECEIVED

14 APR 16 AM 7:36

SECRET  
FLORIDA  
TALLAHASSEE

**FLORIDA LIMITED LIABILITY CO.  
Leroga III, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	<b>\$130.00</b>

Electronic Filing Menu

Corporate Filing Menu

Help

\*DocuSign Envelope ID: D540D6C8-93CE-448D-93AD-F81897417F41

Audit # H14000090487

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name and Address**

The name of this Limited Liability Company is:

**Leroga III, LLC**

The mailing address and street address of the Limited Liability Company are:

**801 26th Ave., N  
St. Petersburg, FL 33704**

**ARTICLE II**

**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

**ARTICLE III**

**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV**

**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

---

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3812 W Linebaugh Ave., Suite 102, Tampa, FL 33618., 813-875-1333.

---

Audit # H14000090487

DocuSign Envelope ID: D540D6C8-93CE-448D-93AD-F81897417F41

Audit # H14000090487

**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

**801 26th Ave., N**  
**St. Petersburg, FL 33704**

and the name of its registered agent at such address is:

**Marvin J. Gay**

**ARTICLE VI**  
**Management**

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

**Name and Address**

**Marvin J. Gay, Authorized Member**  
**801 26th Ave., N**  
**St. Petersburg, FL 33704**

**Leslie R. Gay, Authorized Member**  
**801 26th Ave., N**  
**St. Petersburg, FL 33704**

Dated: Tuesday, April 15, 2014

DocuSigned by:  
*Marvin J. Gay*  
1672410A200CA76  
Marvin J. Gay

Audit # H14000090487

DocuSign Envelope ID: D540D6C8-93CE-448D-93AD-F81897417F41

Audit # H14000090487

**ACCEPTANCE BY REGISTERED AGENT**

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.

Date: April 15, 2014

DocuSigned by:

Marvin J. Gay

15734FDA3DC4475

Marvin J. Gay

---

Audit # H14000090487