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(Requestor's Name)

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(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

MAY - 5 2014

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEE ACQUISITIONS, 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:

MARGARET YU
Name of Person

Firm/Company

P.O. BOX 306
Address

HARTSDALE, NY 10530
City/State and Zip Code

margaretyu@mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Leigh at (239) 435-9303
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

DAVID E. LEIGH
ATTORNEY AT LAW

THE NEWGATE TOWER, 5150 TAMIAMI TRAIL NORTH, SUITE 501
NAPLES, FLORIDA 34103
TELEPHONE: 239-435-9303 FAX: 239-435-9304
EMAIL: dave@davideleigh.com

April 23, 2014

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Lee Acquisitions, LLC

Dear Reader:

Enclosed please find Articles of Organization for the above-referenced. Upon receipt of same, kindly file in your normal manner. Our check in the amount of \$160.00 is enclosed to cover the Filing Fee, Certificate of Status and Certified Copy for same.

If you should have any questions or comments, please do not hesitate to contact this office.

Thank you for your attention and consideration.

Best Regards,



Joan Lowe
Secretary to David E. Leigh

/enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LEE ACQUISITIONS, 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:

5150 Tamiami Trail, Suite 501

Naples, Florida 34103

P.O. Box 306

Hartsdale, NY 10530

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:

David E. Leigh

Name

5150 Tamiami Trail North, Suite 501

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

Naples

City

FL 34103

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.

David E Leigh
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SACRAMENTO, CALIFORNIA

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 _____

Name and Address:

Margaret Yu

P.O. Box 306

Hartsdale, NY 10530

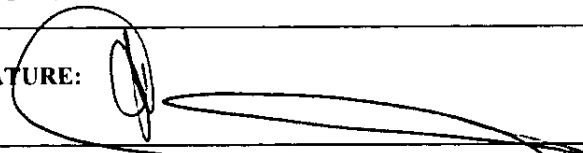
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

MARGARET YU

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)