## L14000125461

(Re	equestor's Name)	<del>:</del>
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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08/11/14--01020--020 \*\*125.00

## COVER LETTER

TO:	Registration Division of C	Section Corporations	•	
SUBJE	CCT: <u>Leimm</u>	Name of Lin	mited Liability Company	
		of Organization and fee(s) a	-	
T lease I	David Pa		natter to the following.	
			Name of Person	_
	Leimm Ll	.C		
			Firm/Company	
	<u>1830 N 5</u>	Oth Ave	Address	
			Address	
	<u>Hollywoo</u>	d, Florida 33021		
		C	City/State and Zip Code	
<u>leir</u>	mmllc@outloc	ok.com E-mail address: (to be use	ed for future annual report notification	ation)
For furt	her information	concerning this matter, ple	ase call:	
<u>David 1</u>		at (_		lephone Number
		r the following amount:		
<b>고</b> \$125.00	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Address stration Section	Street/Courier Add Registration Section	ress

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 Limi	ted Liability Company is:		
Leimm LLC			
	(Must end with the words "l	Limited Liability Company, "L.L.C.," or "I	LLC.")
ARTICLE II - Addr The mailing address a		ncipal office of the Limited Liability Comp	any is:
Principal Office Add	iress:	Mailing Address:	
1830 N 50th Ave Hollywood, Florida		1830 N 50th Ave Hollywood, Florida	
33021		33021	
The name and the Flo	rida street address of the rep	gistered agent are: Name	
	1830 N 50th ave		
		O. Box NOT acceptable)	
	Hollywood	FL 33021	
	City	Zip	
the place designate capacity. I further to	ted in this certificate, I hereb agree to comply with the pro	ccept service of process for the above stated by accept the appointment as registered agen visions of all statutes relating to the proper t the obligations of my position as registered Chapter 605, F.S	nt and agree to act in this and complete performance
	I Re	(DECLUMED)	Zs.
		's Signature (REQUIRED)  NTINUED)	14 AUG
	(CO	ATRICED)	
	P:	age 1 of 2	de Company

<u> </u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	David patino
	1830 N 50th Ave
	Hollywood, Florida 33021
	Tionywood, Florida 0002 i
<del></del>	
Use attachment if necessary)	
V: Effective date, if other than the dative date is listed, the date must be filling.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
ctive date is listed, the date must be filling.)	ate of filing:
ctive date is listed, the date must be filling.)  VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 9
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VI: Other provisions, if any.  Signature of a (In accordance with section constitutes an affirmation under that any false information to the constitutes at the const	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees: Organization and Designation of Registered Agent