

L14000147673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100263651471

09/18/14--01016--002 \*\*160.00

FILED  
14 SEP 18 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-15-2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INFRA Spectrum Technologies Group, "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:

FAREN LYNN LE JEUNE SR

Name of Person

Firm/Company

8421 Aden Court

Address

OR/AND, FL 32817

City/State and Zip Code

FLEJEUNE@CFL.RR.COM

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

For further information concerning this matter, please call:

FAREN LYNN LE JEUNE SR at (407) 247-9336

Name of Person

Area Code

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

9-15-2014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INFRA SPECTRUM TECHNOLOGIES GROUP, "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:

8421 Aden Court  
ORLANDO, FL 32817

Mailing Address:

8421 Aden Court  
ORLANDO, FL 32817

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:

FAREN LYNN LEJEUNE SR.  
Name  
8421 Aden Court  
Florida street address (P.O. Box NOT acceptable)  
ORLANDO FL 32817  
City 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.

Faren Lynn LeJeune Sr.  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
14 SEP 18 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-15-2014

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

FAREN LYNN LE JEUNE SR.  
8421 ADEN CT  
ORLANDO, FL 32817

(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:**

Faren Lynn Le Jeune Sr.

**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  
constitutes a third degree felony as provided for in s.817.155, F.S.)

FAREN LYNN LE JEUNE SR.

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)**

14 SEP 18 PM 1:13  
FILED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA