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.

(((H15000166910 3)))



H150001669103ABC\$

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

***	Division of Corpora Fax Number : (8	50) 617-6381	कें ू की
O tro	P		37 25F <u>C</u>
ස් දි <u>ධි</u>		T CORPORATION SYSTEM	
H.	Account Number : FC	A000000023	
Man (C) Land	•	50) 205-8842	in a co
ශ දුර්ර	Fax Number : (8	50) 878-5368	
		usiness entity to be used	
sucer cue e	mail address for this b	only one email address ple	TOL THEFT

FLORIDA LIMITED LIABILITY CO. S.I. Leesburg LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

JUL 9 2015

S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

CO TWA DIE / TWA	•
TO: Registration Section Division of Corporations	
SUBJECT: S.I. Lessburg LLC Name of Limited Liability	Company
The enclosed Articles of Organization and fee(s) are submitted for	r filing.
Please return all correspondence concerning this matter to the following	owing:
Hoton M. White Name of Per	
Name of Per	rson
Drummond Woodsum Plmv/Comp	
7 1111 2011.94	urry
84 Marginal Way, Suite 600 Address	
Various	
Portland ME 04101-2840 City/State and Z	In Code
hwhite@dwmlaw.com 6-mail address; (to be used for future ann	
For further information concerning this matter, please call:	
Helen M. White at (207) 7 Name of Person at (207 Area Code	72-1941 Daysime Telephono Number
Enclosed is a check for the following amount:	
☑ \$125.00 Filing Pee ☐ \$130.00 Filing Pee & ☐ \$155.00 F Certificate of Status Certified (additional c	

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

15 JUL -8 AM 9: 18

SECRETARY OF STAFE

AIRTICLES OF ORGANIZATION FOR	RELORIDA LIMITED LIABILITY COMPANY SEE . FLERED
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
S.L. Leeshurg L.L.C.	ed Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The malling address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18133 Longwater Run Drive Tampa FL 33647	18133 Longwater Run Drive Temps FL 33647
ARTICLE III - Registered Agent, Registered Office	. & Registered Agent's Signature:
	n Registered Agent. You must designate an individual or
The mame and the Florida street address of the registere	ed agent are:
CTComer	asiaa Cuada
Nam Nam	ation System
1200 Caret. D	les labored Daniel
Plorida street address (P.O. Br	<u>ne island Road</u> ox <u>NOT</u> acceptable)
Plantation	FL 33324
City	Zip
the place designated in this certificate, I hereby accordantly. I further agree to comply with the provision	service of process for the above stated limited liability company at ept the appointment as registered agent and agree to act in this as of all statutes relating to the proper and complete performance abligations of my position as registered agent as provided for in
	por 605, F.S.
THE TOTAL PROPERTY OF THE PARTY	
941 YEAR AMENTA CRAY (CONTIN	<u> </u>

"AMBR" = Authorized Member	Name and Address:
"MOR" = Manager	
AMBR	Kevin R. Bowden
	18133 Longwater Run Drive
	Temps Pl. 33647
/************************************	
(Use attachment if necessary) EV: Effective date, if other than the date where the latter than the date of the date must be a	te of filing:
•••	te of filing:
EV: Effective date, if other than the da ective date is listed, the date must be a f filing.)	te of filing:
E V: Effective date, if other than the date date date is listed, the date must be a filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a manual constitutes an affirmation unit an aware that any false infile.	needfic and cannot be more than five business days prior to or pecific and cannot be more than five business days prior to or pecific and cannot be more than five business days prior to 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 only as provided for in s.817.155, P.S.)
E V: Effective date, if other than the da ctive date is listed, the date must be a filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic constitutes an affirmation unit and aware that any false inficensitutes a third degree felo	nember 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. 605.000 permation submitted in a document to the Department of State

Page 2 of 2