

L1500015021

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.

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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

Email Address: _____

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

7/8/2015 2:30:20 PM From: To: 8506176381 (2/4)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S.J. Leashburg 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:

Helen M. White

Name of Person

Drummond Woodsum

Firm/Company

84 Marginal Way, Suite 600

Address

Portland ME 04101-2840

City/State and Zip Code

hwhite@dwmlaw.com

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

For further information concerning this matter, please call:

Helen M. White

Name of Person

at (207)

Area Code

772-1941

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

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:

Kevin R. Bowden

18133 Longwater Run Drive

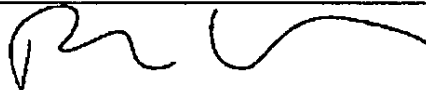
Tampa FL 33647

(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, P.S.)

Benjamin F. Marcus, Esq., Authorized Representative

Typed or printed name of signer

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)