

# L16000000682

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## FLORIDA LIMITED LIABILITY CO.

Geoffrey Leighly, PLLC

Certificate of Status	0
Certified Copy	1
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*Handwritten signature* 01/05/16

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I NAME

The name of the Limited Liability Company is: **Geoffrey Leighly, PLLC**

## ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/mailing address is: 18718 Chopin Drive  
Lutz FL 33558

## ARTICLE III Registered Agent, Registered Office & Registered Agent's Signature:

The name and Florida Street address of the initial registered agent is: Geoffrey Leighly  
18718 Chopin Drive  
Lutz FL 33558

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.

  
\_\_\_\_\_  
Signature/Registered Agent

12/18/15  
\_\_\_\_\_  
Date

## ARTICLE IV Manager(s)

The name, title and address of each person authorized to manage and control the Limited Liability Company:  
Geoffrey Leighly - MGR  
18718 Chopin Drive  
Lutz FL 33558


## ARTICLE V EFFECTIVE DATE

The effective date of this filing: Immediately upon filing.

## ARTICLE VII BUSINESS PURPOSE

Real Estate

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.)

  
\_\_\_\_\_  
Signature/Incorporator/MGR  
  
Geoffrey Leighly  
\_\_\_\_\_  
Printed name of Signer

12/18/15  
\_\_\_\_\_  
Date

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