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Florida Department of State
Division of Corporations
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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.
Lee Private Charitable Capital LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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16 MAR 23 PM 2:59

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Electronic Filing Menu

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MAR 24 2016
S. GILBERT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lee Private Charitable Capital 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:

Deborah E. Kalstek, Paralegal

Name of Person

Hodgson Russ LLP

Firm/Company

140 Pearl St., Ste. 100

Address

Buffalo, NY 14202

City/State and Zip Code

modonnell@patrickpleefoundation.org

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

For further information concerning this matter, please call:

Deborah E. Kalstek

716

848-1371

at ()

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 MAR 23 PM 12:02

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEPT. OF STATE
TALLAHASSEE, FLORIDA

LEE PRIVATE CHARITABLE CAPITAL LLC

(Must end with the words "Limited Liability Company, "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

13 Sunrise Cay Drive

45 Bryant Woods North

Ocean Reef

Amherst, NY 14228

Key Largo, FL 33037

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:

C T CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD

Florida street address (P.O. Box **NOT** acceptable)

PLANTATION

FL

33324

City

State

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..

Conie Buys

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Trust f/b/o Jennifer L. McNamara U/Art. Second (A)
of Agreement Dated 12/10/05
13 Sunrise Cay Drive, Key Largo, FL 33037

AMBR

Trust f/b/o Patrick W. Lee U/Art. Third of
Agreement Dated 12/10/05
13 Sunrise Cay Drive, Key Largo, FL 33037

AMBR

Trust f/b/o Barbara Rhee U/Art. Third of
Agreement Dated 12/10/05
13 Sunrise Cay Drive, Key Largo, FL 33037

AMBR

Trust f/b/o Caroline McNamara U/Art. Second
of Agreement Dated 12/10/05
13 Sunrise Cay Drive, Key Largo, FL 33037

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Deborah E. Kalstek, Authorized Representative of All Members

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)

3/23/2016 1:24:41 PM From: To: 8506176381(5/5)

Attachment

Article IV – Manager(s) or Managing Member(s):

<u>Title:</u>	<u>Name and Address:</u>
MGRM	Trust f/b/o Jonathan Patrick Lee U/Art. Second 13 Sunrise Cay Drive, Key Largo, FL 33037
MGRM	Trust f/b/o Elizabeth Clark Rhee U/Art. Second 13 Sunrise Cay Drive, Key Largo, FL 33037