## 11600226729

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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## COVER LETTER \*

	egistration Section vision of Corporations					
CHD IECT.	E. Leshore Washateria, LLC					
SUBJECT:Name of Limited Liability Company						
The enclose	ed Articles of Organization and fee(s) are	submitted for filing.				
Please retur	n all correspondence concerning this matt	er to the following:				
	Eugene Leshore					
	Name of Person					
Firm/Company						
	5143 Emerson Ave South					
	Address					
	Saint Petersburg, FL 33707					
10	Cit eshores@aol.com	y/State and Zip Code				
_	E-mail address: (to be used for	or future annual report notification)				
For further in	formation concerning this matter, please of	eall:				
1	Eugene Leshore 727	480-8495				
-		a Code Daytime Telephone Number				
Enclosed is	a check for the following amount:					
\$125.00 Fil	Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:							
E. Leshore Washateria, LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")							
(Must end w	ith the words "Limited I	Liability Com	pany, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:							
<u>Principa</u>		Mailing Ad	dress:				
5143 Emerson Ave So Saint Petersburg, FL 3 ARTICLE III - Registered Ager	9						
(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:							
	Eugene Leshore						
Name							
5143 Emerson Ave South							
Florida street address (P.O. Box NOT acceptable)							
	Saint Petersburg	FL	33707				

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.

State

Zip

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Eugene Leshore
	5143 Emerson Ave South
	Saint Petersburg, FL 33707
	<del></del>
(If an effective date is listed, the date must be the date of filing.)	e date of filing:
REQUIRED SIGNATURE:	
Jugen	l estrol
	a member or an authorized representative of a member.
	xecuted 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 d	egree felony as provided for in s.817.155, F.S.
P 7 1	
Eugene Lesh	
	Typed or printed name of signee

**ARTICLE IV-**

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Filing Fees: