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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GO LEATHER 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:
GREGORY OTT
CREGORY OTT  Name of Person
GO CEATHER Firm/Company
·
1112 GREYBEAR CT Address
TALLAHASSEE FL 32311  City/State and Zip Code  CONGOLEATHER @ NETZERO.COM
CONGOLEATHER Q NETZEROWY
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CREGORY Off at (407) 463 7185  Name of Person Area Code Daytime Telephone Number
Hame of reison Area Code Dayanie retephone Hamber
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address  Street Address  New Filing Services
New Filing Section  Division of Corporations  Division of Corporations  Division of Corporations  Clieba Paidding
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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:

(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1112 GREYBEAR CT TAUAHASSEE, FL 32311	1112 GREYBEAR CT PALLAHASSEE, EL 32311	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or	
(The Limited Liability Company cannot serve as its own Re	egistered Agent. You must designate an individual or )	
(The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or ) gent are:	
(The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)  The name and the Florida street address of the registered as	egistered Agent. You must designate an individual or ) gent are:	
(The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)  The name and the Florida street address of the registered as	gent are:  Name  SEAR CI THEMASS (P.O. Box NOT acceptable)	

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..

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SECRETARY OF STATE
SCHOOL OF COMPORATIONS
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