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DEPARTMENT OF STATE ON JAR OF COMPONENTIONS

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Leonard McPherson LL C. 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:
leonard McPherson Name of Person
Leonard Scott Leonard LLC Firm/Company
2118 Golfterrace dr. Rot. C
Tallahassee FT. 32361 City/State and Zip Code Leonard MPherson 560 Gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 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 AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

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

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:	
The hance of the Entitled Enterthicy Company is.	
Leonard MPherson 1 (C	
(Must end with the words "Limited Liability Company, "L.L.C.," 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:	
2118 golftenace da Apt C 2118 golftenace da Apt	C
TATIAHASSEE FL. 32301 TATIAHASSEE FL. 32301	
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:	
Leonard McPherson	13
Sold Scotter Cone dr. Act C Florida street address (P.O. Box NOT acceptable)	EB 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..

City

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address: Leonard mapherson	
"MGR" = Manager	2118 golfterrace dr. Aptc	_
9	TAllahassef Fl. 32301	

ective date is listed, the date must be spoof filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90	•
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