## L17000098374

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SECRETARY OF STATE OF STATE OF COMPOSITIONS

DEPARTMENT OF CHAR

## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Leonard's Networking & Communications Name of Limited Liability Company	L,L,
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kahmari Leonard Name of Person	
Name of Person	
Firm/Company	
2301 010 Bainbridge	
Tallahassee FL 32303 City/State and Zip Code bstill 05 @ gmail. com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:    Kahman   Leonard 305   76   4054     Name of Person   Area Code   Daytime Telephone Number	
Enclosed is a check for the following amount:  \$\frac{125.00 \text{ Filing Fee}}{\text{Certificate of Status}}\$130.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\frac{160.00 \text{ Filing Fee}}{\text{Certified Copy (additional copy is enclosed)}}}\$	
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 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:			•	
Leonard's  (Must contain the words "Lim	Networkin	gard Comm	ranications	L.LC.
(Must contain the words "Lim	ited Liability Company	<b>/</b> "L.L.C.," or "LLC."	)	•
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limite	d Liability Company 1	s;	
Principal Office Address	;	Mailing A	Address:	
2301 Old Bainbridge Apt Tallahassee, FL 3230	<del>73</del>	301 del Baint Pot. R 1905 anahasse, F	oridge Rd	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis	fice, & Registered Age own Registered Agent.	ent's Signature:	an individual or	7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
The name and the Florida street address of the regis	stered agent are:			3 35
Kah	imari Leor	nard	_	せる
	Name	<b>.</b>	a 10m-	二等
<u>2301 C</u>	old Bainbrid	ge Rd. Apt	K.1705	
. 1	ddress (P.O. Box <u>NOT</u>	-		
Tallahass	ee FL	32303	<u>-</u>	
City	State	Zip		
Having been named as registered agent and to accep	t service of process for to	he above stated limited	l liability company at t	he

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:		Name and Address:
	horized Member	Name and Auditoss.
"MGR" Mana	nger	Kahmari Leonard 2301 Old Bainbridge Rd Apt R 1905 Tallahassee, FL 320303
(Hea attachman		
TICLE V: Effective	at if necessary) date, if other than the date	of filing: (OPTIONAL)
an effective date is list date of filing.)  ote: If the date inserte document's effective accument's effective accument of the date inserted accument of the date in the date inserted accument of the date in the	date, if other than the date sted, the date must be speed in this block does not not date on the Department ovisions, if any.	ecific and cannot be more than five business days prior to or 90 days aft neet the applicable statutory filing requirements, this date will not be listed of State's records.
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RTICLE V: Effective an effective date is list date of filing.) ote: If the date inserted document's effective RTICLE VI: Other pro-	date, if other than the date sted, the date must be speed in this block does not not educe on the Department devisions, if any.  Signature of a me This document is executed am aware that any false.	ecific and cannot be more than five business days prior to or 90 days afteneet the applicable statutory filing requirements, this date will not be listed of State's records.  Ember or an authorized representative of a member.  The distribution and the section 605.0203 (1) (b), Florida Statutes.  The information submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)