

	_
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
]
Office Use Only	

M. MOON SEP 1 9 2018



18 SEP 13 AN 10: 01

18 SEP 18 AH IO: 22

4

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX-10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 9/18/18

NAME: LESLEY AND LISA LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Obbie todge

13 NH 10: 01

4 . . . Y

<u>e</u>

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

LESLIE AND LISA LLC

ARTICLE II ADDRESS

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

19721 118TH TRAIL S

BOCA RATON, FLORIDA 33498

ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:

LESLIE H BUTZER

19721 118TH TRAIL S

BOCA RATON, FLORIDA 33498

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.

LESLIE H BUTZER / Registered Agent's signature

PAGE 2 LESLIE AND LISA LLC

ARTICLE IV AUTHORIZED PERSON(S)

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER LESLIE H BUTZER 19721 118TH TRAIL S BOCA RATON, FLORIDA 33498

AUTHORIZED MEMBER LISA G BUTZER 19721 118TH TRAIL S BOCA RATON, FLORIDA 33498

SEP 13 111 10: 5

H BUTZER / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)