10/22/2018

Florida Department of State Division of Corporations

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## FLORIDA LIMITED LIABILITY CO. LES-TEC LLC

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SECRETARY OF STATE
FALLAHASSEE, FLORID,

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LES-TEC LLC

(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:

2615 Mckinley St

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:

Hollywood, FL 33020

Rocket Lawyer Corporate Services LLC

Name

155 Office Plaza Dr 1st Flr

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32301

City 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 of 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.

(CONTINUED)

Page I of 2

ARTICLE IV-

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Mänager AMBR	Brandon Hunt 2615 Mckinley St Hollywood FL, 33020
<del></del>	
(Use attachment if necessary)	
(If an effective date is listed, the date must be spec the date of filling.)	filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be fisted as State's records.
REQUIRED SIGNATURE:	<u></u>
1 Am	
This document is executed I am aware that any false in	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State llony as provided for in s.817.155, F.S.
Vanessa Calhoun	ASSE 22
	Typed of printed name of signer
eige og gyr i faller i de skriver	Kilms Kees:
\$ 30.00 Certified Copy (Optional)	nization and Designation of Registered Agent
5 5.00 Certificate of Status (Optional)	

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