

L19000254366

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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OCT 23 2019



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SECRETARY OF STATE  
FALL RIVER, MASS 01923

2019 OCT 21 PM 3:15

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2019

L. SLAFTER  
1820 NE JENSEN BCH BLVD #620  
JENSEN BCH, FL 34957 US

SUBJECT: LERCO LLC  
Ref. Number: W19000088297

FILED  
2019 OCT 21 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

We have received your document for LERCO LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Initials are not acceptable for the Registered Agent, Incorporator, and Officer/Director's designated blocks. Please state your full legal name in those blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 919A00020380

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: LERCO 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:

L. Slafter  
Name of Person

LERCO LLC  
Firm/Company

1820 NE Jensen Bch Blvd #20  
Address

Jensen Bch FL 34957  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

L. Slafter at (772) 232-1090  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee  
☐ \$130.00 Filing Fee & Certificate of Status  
☐ \$155.00 Filing Fee & Certified Copy  
(additional copy is enclosed)  
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy  
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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2019 OCT 21 PM 3:45  
TALLAHASSEE, FL  
State of Florida  
Division of Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LERCO LLC

(Must contain 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:

1820 NE Jensen  
Jensen Beach Blvd #620  
Jensen Beach, FL 34957

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.)

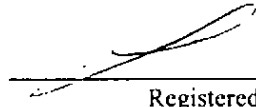
The name and the Florida street address of the registered agent are:

LEANN S LaFTER  
Name

1820 NE Jensen Bch Blvd #620  
Florida street address (P.O. Box **NOT** acceptable)

Jensen Bch FL 34957  
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 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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3 not returned

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

LEANN SLATER  
1820 NE JENSEN BLVD #620  
JENSEN BCL FL 34957

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**REQUIRED SIGNATURE:**

[Signature]  
Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.  
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.

LEANN SLATER  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED  
OCT 21 PM 3:15  
CLERK OF THE  
DEPARTMENT OF  
STATE  
TALLAHASSEE, FLORIDA