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COVER LETTER

SUBJECT: LeBlanc Tircher Eurpire. 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: Allan E. LeBlanc Name of Person LeBlanc Turker Empire LLC Firm/Company 1500 leaf 51 Lot 698 Address Tallahassee Florida 32310 City/State and Zip Code Eugene LeBlanc 727 Dagma: 1.50m E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: State A. Turker at (850) 251-1649 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: TIS125.00 Filing Fee Cista 30.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy	TO: New Filing Section Division of Corporations	
Please return all correspondence concerning this matter to the following: Allan E. LeBlanc Name of Person LeBlanc Tucker Empire LLC Firm/Company 1500 leaf 5+ Lot 698 Address Tallanassee Florida 32310 City/State and Zip Code Eugene LeBlanc 727 Dama; 1.70m E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Staen A. Tucker at (950) 751-1649 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: [18125.00 Filling Fee Certificate of Status & Certified Copy (additional copy is enclosed)	SUBJECT: LeBlanc Tucky Name of I	er Empire Limited Liability Company
Name of Person Leglanc Tucker Engire LLC Firm/Company	The enclosed Articles of Organization and fee(s)	are submitted for filing.
Storm A. Tucker at (950) 751-1649 Proceedings	Please return all correspondence concerning this	matter to the following:
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Stock A. Tucker at (950) 751-1649 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: [1\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)] [2\$130.00 Filing Fee Certified Copy (Certified	Tallahassee, Florida Eugene LeBlanc 727 E-mail address: (to be us	32310 City/State and Zip Code Ogmail . Tom ed for future annual report notification)
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status & Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy		
☐\$125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) ☐\$160.00 Filing Fee, Certified Copy Certified Copy	Steen A. Tucker at (Area Code Daytime Telephone Number
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	Enclosed is a check for the following amount:	
(additional copy is enclose	TI\$125.00 Filing Fee Certificate of Status	Certified Copy Certificate of Status &
Mailing Address New Filing Section Division of Corporations The Centre of Tallahassee	New Filing Section	New Filing Section Division

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability	Company is:				
Le Blance (Must conati	Tir Wer I	run Dire Dility Company, "I	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 Add	<u>lress</u> :	
Tellulussee,	10+698 EL 3:2310		cleat st. 10	+ 698 32310	
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac The name and the Florida street ac	annot serve as its own Req tive Florida registration.)	gistered Agent. Yo		ndividual or	
	Stace A.	Turker			
	SZY Glene Florida street address (P	.O. Box <u>NOT</u> acc	•		
	Tullahassec City	FL State	<u> </u>		

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..

Monon Turben

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Chair 17 h.
- JOHNA GCE /I)WHEN	Steven 1 Turly
Manager /owner	Fullahasrice FL, 3230;
Manager/Owner	Allan E. LeBlanc 1700 leaf st. 10+698 Tulla basses FL 32310
	14112 hasce FL 32310
(Use attachment if necessary)	
If an effective date is listed, the date must be spaced attentions.)	e of filing:
·	
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Itana et	chour_
	ember or an authorized representative of a member.
This document is execu I am aware that any fals	ited in accordance with section 605.0203 (1) (b), Florida Statutes, it information submitted in a document to the Department of State itself the formation as provided for in s.817.155, F.S.
_	
<u></u>	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)