

L20000311753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

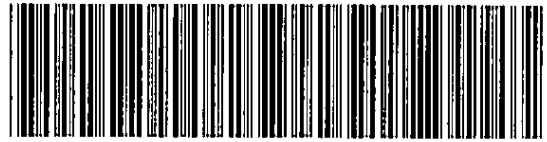
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 SEP 22 PM 3:56

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

LEEF Investments, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Shannon Stahlin

\_\_\_\_\_  
Name of Person

Direct Inc.

\_\_\_\_\_  
Firm/Company

315 W Huron Ste 240

\_\_\_\_\_  
Address

Ann Arbor, MI 48103

\_\_\_\_\_  
City/State and Zip Code

documents@directincorp.com

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

For further information concerning this matter, please call:

Shannon Stahlin

877

281-6496

\_\_\_\_\_  
at (\_\_\_\_\_) \_\_\_\_\_

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LEEF Investments, 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:

1419 Sharon Rose Trace

Deltona, FL

32725 US

Mailing Address:

1419 Sharon Rose Trace

Deltona, FL

32725 US

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:

Priscilla Bolding

Name

1419 Sharon Rose Trace

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

Deltona

FL

32725

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..*

Priscilla Bolding

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2020 SEP 22 PM 3:56  
CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF FLORIDA

**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

PLEASE SEE ATTACHMENT

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED 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 Statutes.  
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.

Shannon Stahlm

\_\_\_\_\_  
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)

**ATTACHMENT 1 TO ARTICLES OF ORGANIZATION  
FOR  
LEEF INVESTMENTS, LLC**

**ARTICLE IV** - The names and address of each person authorized to manage and control the Limited Liability Company:

**Title:** AMBR

**Name and Address:** Priscilla Bolding, 1419 Sharon Rose Trace, Deltona, FL 32725 US

**Title:** AMBR

**Name and Address:** Corey Lee, 10908 Poplarwood Court, Waldorf, MD 20601 US

**Title:** AMBR

**Name and Address:** Shaunice West, 272 Weatherford Way, Newport News, VA 23602 US

**Title:** AMBR

**Name and Address:** Kristin Coore, 2541 Wasser Terrace, Apt 461, Herndon, VA 20171 US

**Title:** AMBR

**Name and Address:** Sharika Lee, 9 Bridgelake Cir, Apt D, Luther Timonium, MD 21030 US

**Title:** AMBR

**Name and Address:** Shanetta Lee, 100 Walden Heights Dr, Apt 517, Irmo, SC 29063 US

**Title:** AMBR

**Name and Address:** Nicole Lee, 1619 Lindsey Terrace, Deltona, FL 32725 US