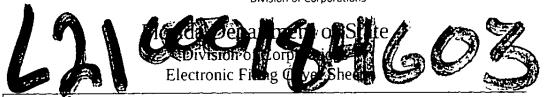


Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001693313)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone Fax Number : (307)200-2803 : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:
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## FLORIDA LIMITED LIABILITY CO.

## Leep LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Leep LLC				
(Must con	ntain the words "Limited Li	iability Company, '	'L.L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and street	address of the principal off	ice of the Limited	Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
7901 4th St N STE	300	7901	4th St N STE 300	-:
St. Petersburg, FL 3	33702	St. P	etersburg, FL 33702	, .
The Limited Liability Compan		Registered Agent. \	t's Signature: 'ou must designate an individual	or [:
The Limited Liability Companinother business entity with an	y cannot serve as its own R active Florida registration	Registered Agent. \ .)		or .
	y cannot serve as its own R active Florida registration t address of the registered a	Registered Agent. \ .) agent are:		or .
The Limited Liability Companinother business entity with an	y cannot serve as its own R active Florida registration t address of the registered a Northwest Registered A	Registered Agent. \ .) agent are:		or :
The Limited Liability Companinother business entity with an	y cannot serve as its own R active Florida registration t address of the registered a Northwest Registered A	Registered Agent. Y  agent are:  Agent LLC  Name		or :
The Limited Liability Companinother business entity with an	y cannot serve as its own R active Florida registration t address of the registered a Northwest Registered a	Registered Agent. Y  agent are:  Agent LLC  Name	ou must designate an individual	or :
The Limited Liability Compan nother business entity with an	y cannot serve as its own R active Florida registration t address of the registered a Northwest Registered a	Registered Agent. Y  agent are:  Agent LLC  Name	ou must designate an individual	or .

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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<del></del>	
(Use attachment if necessary)	
e date of filing.)	applicable statutory filing requirements, this date will not be listed a
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in ac I am aware that any false inform	r an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
Morgan Noble	

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)