# Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

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## FLORIDA LIMITED LIABILITY CO. E & Y LEON LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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LAZARUS CORPORATE

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED I JABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

### E&YLEON LLC (Must contain the words "Limited Liebility 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: Malling Address: 150 BEACOM BLVD MIAMI FL 33135 150 BEACOM BLVD MIAMI FL 33135 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 Plorida registration.) The name and the Florida street address of the registered agent are: ENRIQUE LEON Name 150 BEACOM BLVD Florida street address (P.O. Box NOT acceptable)

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 the chapter 605, F.S..

State

MIAMI

City

Registered Agent Signature (REQUIRED)

ARTICLE IV.  The name and address of each person and	thorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager  AMBR MGR	Name and Address:
The state of the s	ENRIQUE LEON 150 BEACOM BLVD MIAMI FL 33 33
(Use attachment if necessary)	
THE CERT OF THE A.	filing:  (OPHONAL)  If 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 listed as 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 Depart nent of State constitutes a third degree follows as provided for in s.817.155, F.S.

**ENRIQUE LEON** 

Typed or printed name of signes

**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)