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.

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : FLORIDA ENTREPRENEUR LAW, P.A.

Account Number : I20190000063

Phone :
Fax Number (954)882-4119 :
(954)400-5096

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

Email Address: rwilson@leasex.io

FLORIDA LIMITED LIABILITY CO. LEASEX FOUNDERS, LLC

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

To:

Fax: (850) 617-6381

Page: 2 of 4

02/09/2022 4:20 PM

COVER LETTER

(((H220000535363)))

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

LEASEX FOUNDERS, 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:

Michelle K. Suarez, Esq. Name of Person Florida Entrepreneur Law, P.A. Firm/Company 101 NE 3rd Ave., Suite 1500 Address Fort Lauderdale, FL 33301 City/State and Zip Code

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

For further information concerning this matter, please call:

rwilson@leasex.io

Michelle K. Suarez, Esq. Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

X\$125.00 Filing Fcc

□\$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| LEASEX FOUNDERS, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LI.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 1203 BAY VIEW WAY WELLINGTON, FL 33414 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: | ARTICLE I - Name: The name of the Limited Liability | Company is: | | | (((H22000053536 | 3))) | |
|---|--|---------------------------|----------------------|----------------------------|----------------------|-----------|-----------|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 1203 BAY VIEW WAY WELLINGTON, FL 33414 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: | | | ichilitu Coma | anni al I C " an al I C " | | | |
| The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: | (Must contain | i the words Limited Li | іавінцу Сотр | any, L.L.C., or LLC.) | | | |
| 1203 BAY VIEW WAY WELLINGTON, FL 33414 WELLINGTON, FL 33414 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: | | ress of the principal off | fice of the Lin | nited Liability Company is | : | | |
| WELLINGTON, FL 33414 WELLINGTON, FL 33414 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: | <u>Principal</u> | Office Address: | | Mailing A | ddress: | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: | | | | | 14 | | |
| (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 Limited Liability Company co | annot serve as its own I | Registered Ag | | n individual or STAT | FE8 | <u>""</u> |
| The name and the Florida street address of the registered agent are: | The name and the Florida street ad | dress of the registered | agent are: | | -2 | ė | |
| RODNEY WILSON, JR. | | RODNEY WIL | SON, JR. | | | 2 | m |
| Name S S S | | | Name | | VIS | Se | O |
| 1203 BAY VIEW WAY | | 1203 BAY VIEV | W WAY | | . = | ယ | |
| Florida street address (P.O. Box NOT acceptable) | | Florida street address | (P.O. Box <u>N</u> C | OT acceptable) | _ | - | |
| WELLINGTON FL 33414 | | WELLINGTON | FL | 33414 | | | |
| City State Zip | | 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.

/s/ Rodney Wilson, Jr. (electronically signed)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H220000535363)))

To:

(((H220000535363)))

| ARTICLE | IV- |
|---------|-----|
|---------|-----|

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager | |
| MGR | BURBANK FINANCIAL PARTNERS, LLC |
| | 1203 BAY VIEW WAY |
| | WELLINGTON, FL 33414 |
| AMBR | BURBANK FINANCIAL PARTNERS, LLC |
| | 1203 BAY VIEW WAY |
| | WELLINGTON, FL 33414 |
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| | —————————————————————————————————————— |
| | |
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| (Use attachment if necessary) | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| FICLE V: Effective date if other than the date | e of filing: 02/09/2022 (OPTIONAL) |
| n effective date is listed, the date must be sp | ecific and cannot be more than five business days prior to or 90 ys a |
| late of filing.) | |
| | meet the applicable statutory filing requirements, this date will not be list |
| document's effective date on the Department | of State's records. |
| FICLE VI: Other provisions, if any. | |
| THECC | DMPANY SHALL BE MANAGER MANAGED. |
| | |
| | |
| REQUIRED SIGNATURE: | |
| | |
| | Ir. (electronically signed) signing on behalf of Burbank Financial Partner |

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.

RODNEY WILSON JR.

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)
- S 5.00 Certificate of Status (Optional)