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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

- PICK-UP
- WAIT
- MAIL

(Business Entity Name)

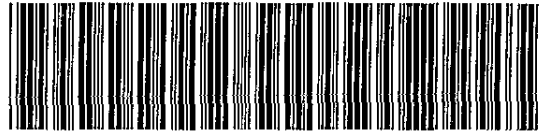
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STATE OFFICE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hoffman Law, P.L.
(Name of Professional 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:

Daniel A. Hoffman, Esq.
(Name of Person)

Hoffman Law, P.L.
(Firm/Company)

1718 Main Street, Suite 202
(Address)

Sarasota, Florida 34236
(City/State/and Zip Code)

For further information concerning this matter, please call:

Daniel A. Hoffman at (941) 330-2400 x 201
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Professional Limited Liability Company is: **Hoffman Law, P.L.**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Professional Limited Liability Company is:

Principal Office Address:

1718 Main Street
Suite 202
Sarasota, Florida 34236

Mailing Address:

1718 Main Street
Suite 202
Sarasota, Florida 34236

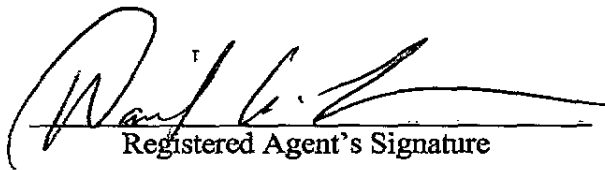
ARTICLE III - Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Daniel A. Hoffman, Esq.
1718 Main Street Suite, 202
Sarasota, Florida 34236

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TALLAHASSEE, FLORIDA
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Having been named as registered agent and to accept service of process for the above stated Professional 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 608, F.S..


Registered Agent's Signature

(CONTINUED)

ARTICLE IV - Manager (s) or Managing Member (s):

The name and address of each Manager or Managing Member is as follows:

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and Address:

MGRM

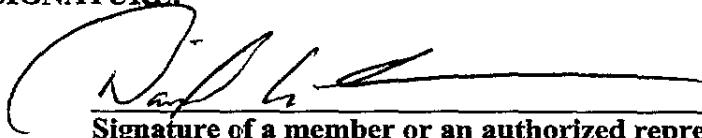
Daniel A. Hoffman, Esq.
1718 Main Street Suite, 202
Sarasota, Florida 34236

ARTICLE V - PURPOSE:

The sole and specific purpose of this Professional Limited Liability Company is to render professional service, namely legal services and legal advice. Its members are only other professional limited liability companies, professional corporations, or individuals who themselves are duly licensed or otherwise legally authorized to render the same professional service as the professional limited liability company.

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CLERK OF CIRCUIT COURT
SARASOTA COUNTY, FLORIDA

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Daniel A. Hoffman, Esq.

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)