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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

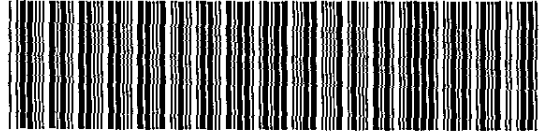
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**CORPORATE
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236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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P.L.

1.) Trescott Drucker + Vassallo P.L.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

**ARTICLES OF ORGANIZATION
FOR
TRESCOTT DRUCKER & VASALLO P.L.
A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

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JAN 27 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I
NAME**

The name of the Professional Limited Liability Company

Trescott Drucker & Vasallo P.L.

**ARTICLE II
ADDRESS**

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

2605 Ponce de Leon Blvd
Coral Gables, FL 33134

**ARTICLE III
PURPOSE**

This Professional Limited Liability Company, organized pursuant to Chapters 608 and 621, Florida Statutes, is formed for the sole and specific purpose of rendering professional legal services, and has as its members 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 limited liability company.

**ARTICLE IV
REGISTERED AGENT, REGISTERED OFFICE
& REGISTERED AGENT'S SIGNATURE**

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

Robert L. Trescott, P.A.
2605 Ponce de Leon Blvd
Coral Gables, FL 33134

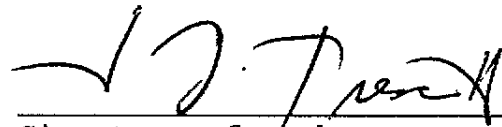
ACKNOWLEDGMENT

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, Florida Statutes.



Registered Agent's Signature

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.



Signature of member