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TRANSMITTAL LETTER

Division of Corporations						
SUBJECT: LANGSTADT PAULY CHARTERED						
(Name of Limited Liability Company)						
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.					
Please return all correspondence concerning this matter	er to the following:					
Oliver J. Langstadt, Esq.						
	Name of Person)					
(Firm/Company)					
815 Ponce de Leon Blvd., Suite P-201						
	(Address)					
Coral Gables, FL 33134						
(City.	/State and Zip Code)					
For further information concerning this matter, please	call:					
Oliver J. Langstadt	at (305) 461-5667					
(Name of Person)	(Area Code & Daytime T	elephone Number)				
Enclosed is a check for the following amount:						
\$125.00 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)				
STREET ADDRESS:	MAILING A	DDRESS:				
Registration Section Division of Corporations		Registration Section				
409 E. Gaines Street	Division of Corporations P.O. Box 6327					
Tallahassee, Florida 32399	Tallahassee, Florida 32314					

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ARTICLES OF ORGANIZATION

OF

LANGSTADT PAULY CHARTERED

ARTICLE I

Name

The name of this professional limited liability company is LANGSTADT PAULY CHARTERED (hereinafter "the Company").

ARTICLE II

Address

The initial mailing address and principal office of the company is

815 Ponce de Leon Blvd. Suite P-201 Coral Gables, FL 33134

ARTICLE III

Duration

The Company's existence shall commence upon the filing of these Articles of Organization with the Florida Department of State and said existence shall be perpetual.

ARTICLE IV

Initial Registered Office and Agent

The name and mailing address of the initial registered office and the initial registered agent of the Company is:

Oliver J. Langstadt 815 Ponce de Leon Blvd. Suite P-201 Coral Gables, FL 33134

ARTICLES V

Purpose

The specific purpose for which this Company is organized is to render professional services as a law firm through its members, employees and agents who are duly licensed or otherwise legally authorized to render such professional services within this state. Furthermore, this Company shall be authorized to engage in and transact any and all other lawful business within and without the State of Florida or United States for which Professional Limited Liability Companies may be created under § 621.051 Florida Statutes, as amended and supplemented.

ARTICLE VI

Management/Members

The Company is to be managed by its members. The name and address of the members and managers are:

Oliver J. Langstadt 815 Ponce de Leon Blvd. Coral Gables, FL 33134

Clemens W. Pauly 815 Ponce de Leon Blvd. Coral Gables, FL 33134

ARTICLE VII

Additional Members

The members shall have the right to admit additional members upon the unanimous consent of all members to the admission of the additional members and to the terms of admission.

ARTICLE VIII

Termination of Membership

If a member of the Company dies, retires, resigns, is dissolved, experiences bankruptcy, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members may, by unanimous written agreement, continue the business of the Company.

ARTICLE IX

Regulations

The Members shall have the power to adopt, amend, or repeal regulations of the Company containing provisions for the regulation and management of the affairs of the Company (the "Operating Agreement").

In accordance with the 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.

this 18 day of May, 2005.	F, I have mad	e and subscribe	d these Article	s of Organizatio	on
	<u></u>	liver J. Langsta			
		/			
STATE OF FLORIDA)) ss:		İ		
COUNTY OF MIAMI-DADE)				

I HEREBY CERTIFY that on this day, before me, personally appeared Oliver J. Langstadt, who is known to me to be the person described in and who executed these Articles of Organization as Organizer, and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

SWORN TO AND SUBSCRIBED before me at the County and State last aforementioned this day of May, 2005.

My commission expires



<u>CERTIFICATE OF DESIGNATION OF</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of Florida Statutes § 608.415, the undersigned submits the following statements in designating the registered office/registered agent for LANGSTADT PAULY CHARTERED, in the State of Florida

1. The name and address of the professional limited liability company is:

LANGSTADT PAULY CHARTERED 815 Ponce de Leon Blvd. Suite P-201 Coral Gables, FL 33134

2. The name and address of the registered agent and office is:

Oliver J. Langstadt 815 Ponce de Leon Blvd. Coral Gables, FL 33134

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.

Oliver J. Langstadt
Registered Agent