# L08000085537

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SECRETARY OF STATE
TALLAHASSEE, FLORIGA

# **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI		sq. Dispute Resolution Services of Limited Liability Company)	
	(Name of	of Limited Liability Company)	
The en	closed Articles of Organization and fee	e(s) are submitted for filing.	
Please	return all correspondence concerning th	his matter to the following:	
	Richard F. Joyce		
		(Name of Person)	~-
	Richard F. Joyce, Esq. I	Dispute Resolution Services	S T
		(Firm/Company)	S
	26336 State Road 19	SET	σ
	**************************************	(Address) 규칙	ئ 😙
	Howey in the Hills, FL. 3	34737	ի։ 28
		(City/State and Zip Code)	
For fur	ther information concerning this matter,	r, please call:	
Rich	ard F. Joyce	at (407 ) 697-6156	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclos	sed is a check for the following amor	ount:	
<b>₹</b> \$125.	00 Filing Fee \$130.00 Filing Fe Certificate of Star		Status &
	Mailing Address Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	rations Division of Corporations Clifton Building	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	<b>ICI</b>	LE I	I - I	Vame:
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The name of the Limited Liability Company is:

## Richard F. Joyce, Esq. Dispute Resolution Services LLC

(Must end with the words "Limited Liability 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 Add	ress:	Mailing Address:			
26336 State Road 19		26336 State Road 19			
Howey in the Hills, FL. 347	37	Howey in the Hills, FL. 34737			
			<u> </u>		
business entity with an active.  The name and the Flori		d Office, & Registered Agentered Agent. You must designate an in	SECHRIARY OF STA	magure: -8 -8	
	Name		馬爾	28	
20	6336 State Road 1	9		•	
_	Florida street ad	dress (P.O. Box NOT acceptable)			
H	owey in the Hills, F	L <sub>F2</sub> 34737			
	City, State,	and 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 608, F.S..

Registered Agent's Signature (REQUIRED

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager		Name and Address:	
"MGRM" = Manag	ging Member		
MGRM	_	Richard F. Joyce	
	_	26336 State Road 19	
		Howey in the Hills, FL. 34737	
	_		
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			*** P
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(Use attachment if	necessary)		
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LE V: Effective da	ite, if other than the di	ate of filing:	. (OPTION
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fective date is listed days after the date REQUIRED SIGN	d, the date must be see of filing.)  NATURE:  Signature of a member of a membe	or an authorized representative of a on 608 408(3), Florida Statutes, the extess an affirmation under the penalties	member.
ffective date is listed days after the date REQUIRED SIGN	d, the date must be see of filing.)  NATURE:  Gignature of a member of this document constitution of the section of this document constitution.	or an authorized representative of a on 608 408(3), Florida Statutes, the extess an affirmation under the penalties dein are true.)	member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.90 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)