L25000378485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

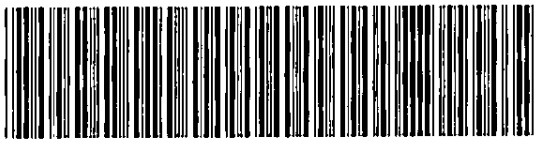
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account: I20210000160: $130.00
Authorization Signature
Scully Torres Marital & Family Law, PLLC
Business Name #Document

Walk in ____ Will wait

___ **Certified Copy of the filing**

__X__**Certificate of Status:**

NEW FILINGS

____ Profit
____ Not for Profit
___ LLC
_____Domestication
___ INC
___ CORP
_X__ PLLC

AMENDMENTS

_____Amendment
____Resignation of R.A.
____ Change of Registered Agent
____ Revocation of Dissolution
__ Conversion
__ __Statement of Authority
____ Merger
___REVOCATION OF DISSOLUTION

OTHER FILINGS

____TRANSMITTAL LETTER

____Fictitious Name

____ Statement of Authority

APOSTIL _____ **COUNTRY**
____Other

REGISTRATION/QUALIFICATIONS

__ Foreign Filing
____ Partnership
___ Reinstated Articles of Organization
____ Statement of CORRECTION

____Domestication of a Foreign Corp_
_____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Scully Torres Marital & Family Law, PLLC
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:

Kristin E. Scully
Name of Person

Firm/Company

4030 Henderson Boulevard, Suite 527
Address

Tampa, Florida 33629
City/State and Zip Code

kscully2@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristin E. Scully at (941) 266-8055
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee

☒ $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

ARTICLE I - Name:
The name of the Limited Liability Company is:

Scully Torres Marital & Family Law, PLLC
(Must contain 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 Address:	**Mailing Address:**
4030 Henderson Boulevard	4030 Henderson Boulevard
Suite 527	Suite 527
Tampa, Florida 33629	Tampa, Florida 33629

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(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 name and the Florida street address of the registered agent are:

Ryan M. Scully
Name

8112 Woodland Center Boulevard
Florida street address (P.O. Box **NOT** acceptable)

Tampa	FL	33629
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Kristin E. Scully, P.A. 4030 Henderson Boulevard, Suite 527 Tampa, Florida 33629
AMBR	Genevieve H. Torres, P.A. 4030 Henderson Boulevard, Suite 527 Tampa, Florida 33629

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Date of filing. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.
To conduct the practice of law in the State of Florida through licensed attorneys including to provide professional legal services in the practice of family law and marital law.

REQUIRED SIGNATURE:

Kristin E. Scully

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.

Kristin E. Scully
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)
$ 5.00 Certificate of Status (Optional)