

L/600003/694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

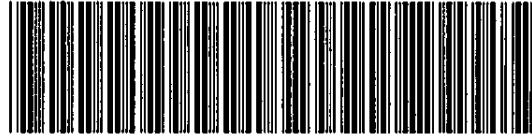
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N/6-9955



400280067874

01/22/16--01008--022 **125.00

FEB 16 2016
D CONNELL

FILED
16 FEB 16 PM 1:40
STATE OF NEW YORK
ALBANY COUNTY CLERK

*New
PLLC*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2016

LOUIS LEO IV
4171 W. HILLSBORO BLVD., STE 9
COCONUT CREEK, FL 33073

SUBJECT: FLORIDA CIVIL RIGHTS COALITION, P.L.
Ref. Number: W16000009955

We have received your document for FLORIDA CIVIL RIGHTS COALITION, P.L. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 016A00002801

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Civil Rights Coalition, P.L.

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:

Louis Leo IV

Name of Person

Medgebow Law, P.A.

Firm/Company

4171 W. Hillsboro Blvd. Ste 9

Address

Coconut Creek, FL 33073

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louis Leo IV 954 478-4223

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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Civil Rights Coalition, P.L.L.C.

(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 Address:

Mailing Address:

4171 W. Hillsboro Blvd. Ste 9
Coconut Creek, FL 33073

4171 W. Hillsboro Blvd. Ste 9
Coconut Creek, FL 33073

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:

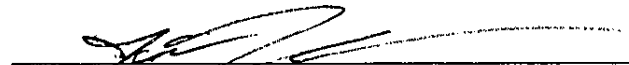
Joel Medgebow
Name

4171 W. Hillsboro Blvd. Ste 9
Florida street address (P.O. Box **NOT** acceptable)

Coconut Creek FL 33073
City State Zip

16 FEB 16 PM 1:40
FLS
STATE OF FLORIDA
SECRETARY OF STATE

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)

ARTICLE IV:

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Medgebow Law, P.A.

4171 W. Hillsboro Blvd. Ste 9

Coconut Creek, FL 33073

MGR

Leo Dynamics LLC

1279 W. Palmetto Park Rd. #273731

Boca Raton, FL 33427

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the 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.

For legal services.

REQUIRED SIGNATURE:


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.

Joel Medgebow

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)