

LO2000007623

Barbara Auger  
Requester's Name

P.O. Box 471  
Address

Tallahassee, FL 32302  
City/State/Zip

Phone #  
850-224-7800

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Auger Law Firm  
(Corporation Name)

(Document #)

2. \_\_\_\_\_  
(Corporation Name)

(Document #)

3. \_\_\_\_\_  
(Corporation Name)

(Document #)

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4. \_\_\_\_\_  
(Corporation Name)

(Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of :

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

**AMENDMENTS**

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

**REGISTRATION/QUALIFICATION**

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

Name  
Availability

Document ☐ Annual Report  
Examiner ☐ Fictitious Name

Notar  
Notar  
Verifier

Acknowledgement  
CR2E031(7/97)

W. P. Verifier

Examiner's Initials

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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION

OF

AUGER LAW FIRM, L.L.C.

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is AUGER LAW FIRM, L.L.C.  
(hereinafter referred to as the "Company").

1. **PERIOD OF DURATION.**

The period of duration of the Company shall be from the date of filing of the Articles of Organization until the first to occur of the following:

- (i) The date that is seventy-five (75) years from the date of filing of the Articles of Organization with the Department of State, State of Florida; or
- (ii) Dissolution of the Company pursuant to the provisions of the Florida Limited Liability Act; or
- (iii) By the mutual written agreement of a majority in capital interest of the Members.

2. **PURPOSE.**

The purpose for which the Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Company shall have

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all of the powers vested in a limited liability company organized and existing by virtue of such laws.

3. **ADDRESS OF PLACE OF BUSINESS.**

The mailing address of the Company is Post Office Box 471, Tallahassee, Florida 32302. The street address of the Company is 906 North Monroe Street, Tallahassee, Florida 32303. Such address may be changed from time to time as provided in the written Operating Agreement executed by all of the Members.

4. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is Barbara Auger, and the initial registered office is located at 906 North Monroe Street, Tallahassee, Florida 32303.

5. **MEMBERS.**

The Company shall have at least one (1) Member, and may admit additional members upon the prior unanimous written agreement of the then existing Members, or otherwise provided in the written Operating Agreement executed by all of the Members.

6. **CONTINUITY OF BUSINESS.**

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event, which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

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## 7. MANAGEMENT.

Management of the Company shall be reserved to the Members. The Members may, however, elect a manager in the manner provided in any written operating agreement among all of the Members. Any such Manager shall have the powers and authority expressly granted under the Operating Agreement.

1. **INDEMNIFICATION.**

Except as expressly provided otherwise in the Operating Agreement, the Company shall indemnify any Member or former Member to the full extent permitted under the Florida Limited Liability Company Act.

Executed at Tallahassee, Florida, in the 26 day of March 2002.

BY:

BARBARA D. AUGER, MEMBER

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STATE OF FLORIDA  
COUNTY OF LEON

Barbara D. Auger, member of AUGER LAW FIRM, L.L.C., a Limited Liability Company, on behalf of the Company, acknowledged the foregoing instrument before me this \_\_\_\_\_ day of March 2002. She (☒) is personally known to me or (☐) produced \_\_\_\_\_ as identification..

*Martha B. Linton*  
 NOTARY PUBLIC - STATE OF FLORIDA  
 MY COMMISSION # DD047249 EXPIRES September 28, 2005  
 PRINT,  OR STAMP  
 NOTARY PUBLIC


**ACCEPTANCE BY REGISTERED AGENT**

Having been appointed the registered agent of AUGER LAW FIRM, L.L.C., the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations proposed by Florida Statutes Section 608.415 and is herewith simultaneously designated as registered agent by AUGER LAW FIRM, L.L.C.

Executed this 26 day of March 2002.

  
\_\_\_\_\_  
**BARBARA AUGER, REGISTERED  
AGENT**

**FOR THE LIMITED LIABILITY  
COMPANY:**

BY:   
\_\_\_\_\_  
**AUGER LAW FIRM, MEMBER**

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