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December 10, 2002

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

I am enclosing Articles of Organization and Designation of Registered Agent for Joan K. McLendon CPA, PLC.

I am enclosing a check in the amount of \$160.00 for the following filing fees:

\$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (1) \$5.00 Certificate of Status (1) \$160.00 Total

Moderdon

If you have any questions or need additional information please contact:

Joan K. McLendon 1446 Mt. Laurel Drive Winter Springs, FL 32708 (407) 977-6689

Thank you for your help with this filing.

Sincerely,

Joan K. McLendon

# ARTICLES OF ORGANIZATION FOR FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

#### ARTICLE I - NAME

The name of the Limited Liability Company is:

Joan K. McLendon, CPA, PLC

#### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

1446 Mt. Laurel Drive Winter Springs, FL 32708

## ARTICLE III - REGISTERED AGENT

The name and street address of the initial registered agent are:

Joan K. McLendon 1446 Mt. Laurel Drive Winter Springs, FL 32708

### ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be managed by the members.

## ARTICLE V – PROFESSIONAL LIMITED LIABILITY COMPANY

The Limited Liability Company shall be a professional limited liability company under Florida statutes chapter 621. The business of the company is limited to the one profession of certified public accounting and no person or entity shall be admitted as member unless he, she or it is qualified to practice this profession. Further, no interest can be sold except to someone so qualified.

Signature of a member or an authorized representation of the member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joan K. McLendon

Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF CHAPTER 608, F.S., THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: Joan K. McLendon, CPA, PLC
- 2. The name and the address of the registered agent are:

Joan K. McLendon 1446 Mt. Laurel Drive Winter Springs, FL 32708

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.

Signature