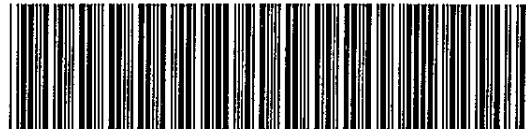


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01 MAR -8 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



900028350409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W04-6966

Office Use Only

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AL

J.R. Staples III, Esq.

ATTORNEY AT LAW

9495 Blind Pass Road, Suite 601
St. Petersburg, FL 33706
Tel: (727) 455-5175, Fax: (240) 282-4859

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04 MAR -8 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 2, 2004

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

Re: **Filing Documents for Proposed LLC – Staples Law Group, P.L.**

Dear Sir or Madam:

Enclosed for filing, please find the Articles of Organization and Certificate of Designation of Registered Agent/ Registered Office for a new Florida Limited Liability Company, **The Staples Law Group, P.L.**

A check for \$160.00 is also enclosed for filing the Articles of Organization (\$100.00), the Designation of Registered Agent (\$25.00), a certified copy (\$30.00), and a certificate of status (\$5.00).

Please send the above documents to my attention at your earliest possible convenience. Should the documents enclosed in any way prove insufficient, or should you have any questions please do not hesitate to contact me. Thank you in advance for your time.

My contact information is as follows:

Johnston Raleigh Staples, III
9495 Blind Pass Rd., Suite 601
St. Petersburg, FL 33706

Daytime phone #: 727-455-5175
Fax #: 240-282-4859
Email: jstaples@stapleslaw.net

Sincerely,


J.R. Staples, III, Esq.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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04 MAR -8 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 18, 2004

J.R. STAPLES III, ESQ.
9495 BLIND PASS ROAD
SUITE 601
ST. PETERSBURG, FL 33706

SUBJECT: STAPLES LAW GROUP, P.L.
Ref. Number: W04000006966

We have received your document for STAPLES LAW GROUP, P.L. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Please return 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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 504A00011148

ARTICLES OF ORGANIZATION

FILED
04 MAR -8 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Professional Limited Liability Company is:
Staples Law Group, P.L

ARTICLE II - Address:

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

**9495 Blind Pass Road, Suite 601
Saint Petersburg, Florida 33706**

ARTICLE III - Nature of Business:

The nature of the business is:


Performing legal services

ARTICLE IV - Registered Agent:

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

**Johnston Raleigh Staples, III
9495 Blind Pass Road, Suite 601
Saint Petersburg, Florida 33706**


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

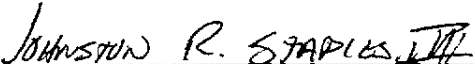
ARTICLE IV - Management

- ☒ The Limited Liability Company is to be a manager-managed company.
Or;
☐ The Limited Liability Company is to be a managed by the members.



(Signature of a member or an authorized representative of a member)

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



Typed or Printed Name of Signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED

04 MAR -8 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.501, FLORIDA
STATUTES, 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:

Staples Law Group, P.L.

2. The name and Florida street address of the registered agent are:

Johnston R. Staples, III Esq.

Name


9495 Blind Pass Road, Suite 601

Florida Street Address

St. Petersburg, FL, 33706

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 designat4ed in the certificate, I hereby accept appointment as registered agent and agree to act in this proper and complete performance of my duties, and I am familiar with and accept the obligations of the position as registered agent.


Signature

JOHNSTON R. STAPLES III
Printed Name of Signee