

04000103625304 (5)

Florida Department of State  
Division of Corporations  
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((H04000103625 3))

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MJE

To: Division of Corporations  
Fax Number : (850) 205-0363

From: Account Name : NATIONAL CORPORATE RESEARCH, LTD.  
Account Number : 120000000088  
Phone : (800) 221-0102  
Fax Number : (212) 564-6083

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04 MAY 12 AM 9:32

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

ACCIDENT ATTORNEYS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

H04000103625 3

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ACCIDENT ATTORNEYS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

155 Northwest 167th Street North

North Miami Beach FL 33169

**Mailing Address:**

155 Northwest 167th Street North

The Penthouse

North Miami Beach FL 33169

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

William Souza

Name

155 Northwest 167th Street North

Florida street address (P.O. Box **NOT** acceptable)

North Miami Beach FLORIDA 33169

City, State, and Zip

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*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, Florida Statutes.*



Registered Agent's Signature

William Souza

Print Name (& Title, if applicable)

H04000103625 3

**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

Managing Member

William Souza

155 Northwest 157th Street North

North Miami Beach FL 33169

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\_\_\_\_\_

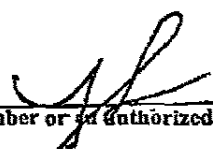
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(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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.)

William Souza, Member

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fees:**

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

H04000103625 3