

L04000059130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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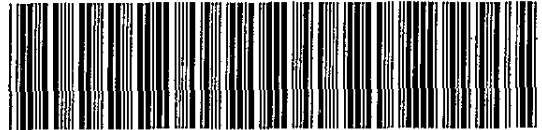
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

J. BRYAN AUG 10 2004

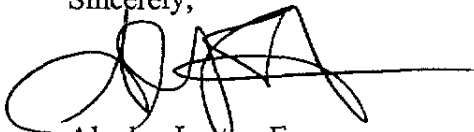
JUDAH LAW FIRM  
Post Office Box 1386  
Boynton Beach, FL 33425-1386  
(561) 767-6833

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

Dear Sir/Madame:

Enclosed please find the necessary documents for registration of the Judah Law Firm as a Limited Liability Company. A check in the amount of \$155.00 is also enclosed to cover the filing fee, designation of registered agent and the fee for a certified copy of the documentation. If any additional information is required, please feel free to contact me at the above number. Thank you for your assistance in this matter.

Sincerely,



Alcolya Lester, Esq.  
Managing Member

Enclosures

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Judah Law Firm, LLC  
(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alcolya J. L. Lester  
(Name of Person)

Judah Law Firm, LLC  
(Firm/Company)

Post Office Box 1386  
(Address)

Baynton Bch., FL 33425-1386  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alcolya Lester at (561) 767-6833  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

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TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Judah Law Firm, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2120 NE First Lane  
Boynton Bch., FL 33435

**Mailing Address:**

Post Office Box 1386  
Boynton Bch., FL 33425-1386

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

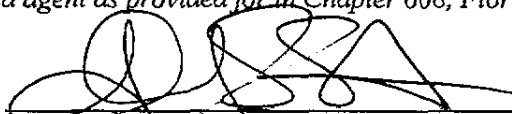
The name and the Florida street address of the registered agent are:

Alcolya Lester  
Name

2120 NE First Lane  
Florida street address (P.O. Box **NOT** acceptable)

Boynton Bch. FLORIDA 33435  
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 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

**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:**

MGRM

Alcolya J.L. Lester  
Post Office Box 1386  
Boynton Bch., FL 33425-1386

(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.)

Alcolya J.L. Lester  
Typed or printed name of signee

**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)

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