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TALLAHASSEE, FLORIDA



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STATEWIDE LAWYERS, LLC  
(Name of Limited Liability Company)

The enclosed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Existence, and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YAW AKUOKO  
(Name of Person)

STATEWIDE LAWYERS, LLC  
(Firm/Company)

2206 Thomasville Road  
(Address)

Tallahassee, FL 32308  
(City/State and Zip Code)

For further information concerning this matter, please call:

YAW AKUOKO at ( 850 ) 553-4000  
(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**

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04 DEC 23 PM 12:47  
Effective Date  
TALLAHASSEE, FLORIDA  
1/1/05

**ARTICLE 1 – Name:**

The name of the Limited Liability Company is: STATEWIDE LAWYERS, LLC.

**ARTICLE II – Address:**

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

**Principal Office Address:**

2206 Thomasville Road  
Tallahassee, FL 32308

**Mailing Address:**

P. O. Box 15722  
Tallahassee, FL 32317

**ARTICLE IV – Purpose:**

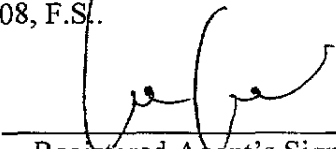
The purpose for which the limited liability company is organized is to engage in the practice of law in the State of Florida.

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

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

Justice N. Chuku  
2206 Thomasville Road  
Tallahassee, Florida 32308

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

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TALLAHASSEE, FLORIDA

**Article IV – Managing Member(s):**

The name address of Managing Member is as follows:

**Title:**

Attorney at Law/Managing Member

**Name and Address:**

Yaw Akuoko, Esq.  
Attorney and Counsellor-at-Law  
2206 Thomasville Road  
Tallahassee, FL 32308

  
Signature of Managing 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.)



Printed Name of Signee