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TRANSMITTAL LETTER

	on Section of Corporations					
SUBJECT:	The	Carter L	aw Firm LL d Liability Company)	_C		
		(Name of Limite	a Liability Company)			
The enclosed Artic	les of Organiza	tion and fee(s) are s	ubmitted for filing.			
Please return all co	rrespondence c	oncerning this matte	er to the following:			
		Mich	Name of Person)			
			_ v/a			
		()	Firm/Company)			
·		12624 Am	her Ave. (Address)		-	
_		Clermont, (City)	FL, 347// State and Zip Code)			
For further informa	tion concerning	g this matter, please	call:			
			at (407) 4/ (Area Code & Day	/5 - 3449 rtime Telephone Numbe		
Enclosed is a che-	ck for the follo	owing amount:			語問	Argent to
□ \$125.00 Filing :		0.00 Filing Fee & ate of Status	☐ \$155.00 Filing For Certified Copy (additional copy is enclosed)	Certificate (sed) Certified C		Acres
R D 4	TREET ADDI egistration Sec ivision of Corp 09 E. Gaines So allahassee, Flor	tion orations reet	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, Florida 32314	V30	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	ny is:	
The Carter Law	v Firm, LLC	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
12624 Amber Ave. Clermont, FL: 34711	Michael T. Car 12624 Amber Oermont, FL.	Hvc
ARTICLE III - Registered Agent, Regis	stered Office, & Registered Agen	t's Signature:
The name and the Florida street address o		
	Name	
	Amber Ave. eet address (P.O. Box NOT acceptable)	
<i>Cleri</i> City,	mon + FL 347// State, and Zip	
Having been named as registered agent a liability company at the place designate registered agent and agree to act in this co statutes relating to the proper and comple accept the obligations of my position a	ed in this certificate, I hereby accept apacity. I further agree to comply w lete performance of my duties, and I	the appointment as ith the provisions of all am familiar with and
		Chapter byo, From
Registered A	Agent's Signature	3 21 PH 2: 09 TARY OF STATE ASSEEL FLORID!
(COI	NTINUED)	<u> </u>
Pag	e 1 of 2	

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	Milail J. Carter 12624 Amber A Cleimont, FL. 34	VC	
(Use attachment if necessary)			
NOTE: An additional article must be a ARTICLE II - Effective Date; REQUIRED SIGNATURE:	ndded if an effective date is requested. Tune 1, 2005 April	ed.	
Mile	If Chitis	-	
(In accordance with section	an authorized representative of a member 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)		
Mich Typed	r printed name of signee	ni>	
Filing Fees:	or bringen game or signee	SECRET	
\$125.00 Filing Fee for Articles of Organizat of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	tion and Designation	321 PH 2: 09 TARY OF STATE IASSEE, FLORIDA	A PARTY OF THE PARTY OF T