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TRANSMITTAL LETTER

TO: Registration Section Division of Corporation				
SUBJECT: Francis Ma	tt King, P.L.			
	(Name of Limite	d Liability Com	oany)	
The enclosed Articles of O	rganization and fee(s) are s	ubmitted for fili	ng.	
Please return all correspon	dence concerning this matte	er to the followin	g:	
Matt King				·····
	{1	Name of Person)		
	(Firm Company)	· · · · · · · · · · · · · · · · · · ·	
717 Sandy Hil	is Ave.			
· · · · · · · · · · · · · · · · · · ·		(Address)		
Tarpon	Springs, FL 34689			
	(City	State and Zip Coo	le)	
For further information cor	ncerning this matter, please	call:		
Matt King		at (_727	, 244-6006	
(Name of	Person)		de & Daytime Te	lephone Number)
Enclosed is a check for t	he following amount:			N
	3 \$130.00 Filing Fee & Certificate of Status	S155,00 I Certified Co (additional copy	py.	Certificate of Status & Certificate Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section			MAILING AI Registration S	ection
Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399			Division of Co P.O. Box 6327 Tailahassee, Fi	,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:		
Francis Matt King, P.L.		- 	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liab	oility Com	pany is:
Principal Office Address:	Mailing Address:		
717 Sandy Hills Ave	717 Sandy Hills Ave		
Tarpon Springs, FL 34689	Tarpon Springs, FL 34689		
The name and the Florida street address of th Francis M. King Nar			
717 Sandy Hills Ave.	address (P.O. Box NOT acceptable)		
Tarpon Springs, FL 34689	FL. de, and Zip		05 75
Having been named as registered agent and a liability company at the place designated is registered agent and agree to act in this capacistatutes relating to the proper and complete accept the obligations of my position as fellows. Registered Agent	in this certificate, I hereby accept the city. I further agree to comply with the performance of my duties, and I am j	bove stated appointme he provisio familiar ve	l limited in as ins of all ith and

(CONTINUED)

Page 1 of 2

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Francis M. King	
	717 Sandy Hills Ave.	
	Tarpon Springs, FL 34689	
		
		
		
		^
		
		
		
(Use attachment if necessary)		
(
NOTE: An additional article	must be added if an effective date is requested.	
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:	/ /	
	4 1/2	
- July	in M Ka	3 95
Signature of a m	sember or an authorized representative of a member.	70
(In accordance w	ith section 608.408(3), Florida Statutes, the execution	>ö
of this document that the facts si	constitutes an affirmation under the penalties of perjury tated herein are true.)	25
Francis M. Kin	•	
	Typed or printed name of ciones	58 6

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ATTACHMENT TO FRANCIS MATT KING, P.L. ARTICLES OF ORGANIZATION

Article V - Purpose of Limited Liability Company:

The member(s) of Francis Matt King, P.L. are attorneys admitted to practice law in the State of Florida and the purpose of the company is to provide legal services to its clients.

