L05000078637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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N. Culligan AUG 10 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R. Bryant McCulley, P.L.
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

R. Bryant McCulley
(Name of Person)

R. Bryant McCulley, P.L.
(Firm/Company)

One Independent Drive, Suite 3201
(Address)

Jacksonville, FL 32201
(City/State and Zip Code)

For further information concerning this matter, please call:

R. Bryant McCulley at (904) 482 4073
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ $125.00 Filing Fee
- ☐ $130.00 Filing Fee & Certificate of Status
- ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☑ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLE I - Name:
The name of the Limited Liability Company is:

R. Bryant McCulley, P.L.

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
R. Bryant McCulley, P.L.	R. Bryant McCulley, P.L.
One Independent Drive, Suite 3201	One Independent Drive, Suite 3201
Jacksonville, FL 32202	Jacksonville, FL 32202

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

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

R. Bryant McCulley
Name

One Independent Drive, Suite 3201
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32202 FL
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, F.S..

R. Bryant McCulley
Registered Agent's Signature

(CONTINUED)

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	R. Bryant McCulley One Independent Drive, Suite 3201 Jacksonville, FL 32202

(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.)

R. Bryant McCulley
Typed or printed name of signee

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)

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The specific purpose of the professional limited liability company will be the performance of legal services by attorneys at law.