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2005 AUG 19 P 1:14

SECRETARY OF  
TREASURY, FLORIDA

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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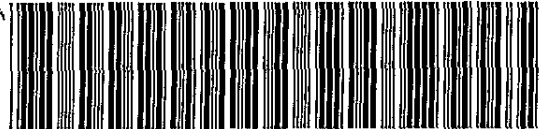
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**LAW OFFICES OF  
J. KELLY KENNEDY**

198 1<sup>st</sup> St S  
Winter Haven, FL 33880-3004



**J. KELLY KENNEDY**

Attorney at Law/Certified Public Accountant  
e-mail: kelly@jkklaw.com

**AREAS OF PRACTICE:**

Wills, Estates, Estate Planning,  
Real Property Law, Taxation,  
Corporate and Business Law

**CYNTHIA CROFOOT RIGNANESE**

Attorney at Law  
e-mail: ladylawyer@jkklaw.com

**REPLY TO:**

PO Box 7604, Winter Haven, FL 33883-7604  
Tel: (863) 294-1114 Fax: (863) 294-8937

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2005 AUG 19 P 1:11  
RECEIVED BY STATE  
TALLAHASSEE, FLORIDA

August 17, 2005

Division of Corporation  
PO Box 6327  
Tallahassee, Florida 32314-6327

RE: APPEALS ADVOCATES, LLC

Dear Sir:

Enclosed herewith for filing are Articles of Organization for the above-captioned limited liability company. A copy of the Articles of Organization is also enclosed to be certified and returned to the undersigned.

Our firm's check in the amount of \$155.00 is enclosed to cover the following costs:

Filing Fee	\$ 100.00
Registered Agent	25.00
Certified Copy	30.00
<b>Total</b>	<b>\$ 155.00</b>

Thank you for your cooperation in this matter.

Sincerely yours,

J. KELLY KENNEDY, ESQUIRE

JKK/rh

Enclosure

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**ARTICLES OF ORGANIZATION  
FOR  
APPEALS ADVOCATES, LLC**

**FILED**  
2005 AUG 19 P 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I  
NAME**

The name of this Limited Liability Company shall be **APPEALS ADVOCATES, LLC.**

**ARTICLE II  
DURATION**

This Limited Liability Company shall exist perpetually from the date of filing with the Secretary of State of the State of Florida.

**ARTICLE III  
PURPOSE**

This Limited Liability Company is organized for the purpose of representing claimants for social security disability benefits and/or supplemental security income benefits before the Social Security Administration and such other lawful business in the State of Florida.

**ARTICLE IV  
PLACE OF BUSINESS**

The place of business of this Limited Liability Company shall be at the following street address: 149 Pin Oak Place, Davenport, Florida 33837, and such other place or places as the member(s) from time to time may determine, and the mailing address of this Limited Liability Company shall initially be at the following address: 149 Pin Oak Place, Davenport, Florida 33837.

**ARTICLE V  
INITIAL REGISTERED AGENT AND OFFICE**

The initial registered agent of the Limited Liability Company shall be **BONNIE L. ZICKGRAF**. The initial registered office address shall be 149 Pin Oak Place, Davenport, , in Polk County, Florida 33837.

**ARTICLE VI  
MANAGEMENT**

The Limited Liability Company will be managed by an initial Manager, **BONNIE L.**

**ZICKGRAF. BONNIE L. ZICKGRAF** shall serve as initial Manager until the first organizational meeting of members or until his successor is elected and qualifies. The name and address of the initial Manager is:

**BONNIE L. ZICKGRAF**  
149 Pin Oak Place  
Davenport, Florida 33837.

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2005 AUG 19 P 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII**  
**ADMISSION OF ADDITIONAL MEMBERS**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: additional members are to be admitted as members of the company only by the unanimous vote of the subscriber(s) and in accordance with applicable law.

**ARTICLE VIII**  
**AMENDMENT OF ARTICLES OF ORGANIZATION**

Any amendment to these Articles of Organization shall be on such form prescribed by the Secretary of State of the State of Florida containing such terms and provisions consistent with Chapter 608, Florida Statutes, as shall be prescribed by the Department of State, and shall be signed and sworn to by all Members of the Limited Liability Company. In the event a new Member is added by such amendment, it shall be also signed by the Member to be added.

**ARTICLE IX**  
**TRANSFERABILITY OF MEMBER'S INTEREST**

An interest of a Member of this Limited Liability Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of the Limited Liability Company and in accordance with applicable law.

**IN WITNESS WHEREOF**, the party hereto has executed these Articles of Organization on the 17<sup>th</sup> day of August, 2005.

  
**BONNIE L. ZICKGRAF, Manager and Member**

**REGISTERED AGENT ACCEPTANCE**

**FILED**

Having been named as registered agent, to accept service of process for **APPEALS ADVOCATES, LLC**, at the place designated, I hereby accept the appointment as Registered Agent, and state that I am familiar with and accept the duties, obligations and responsibilities as Registered Agent, including those specified in Chapter 608 of the **STATE OF FLORIDA** Florida Statutes. P 1:14

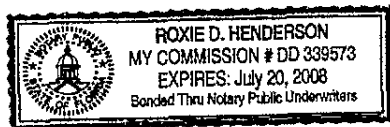
Dated: August 17, 2005.


  
**BONNIE L. ZICKGRAF, Registered Agent**

**STATE OF FLORIDA  
COUNTY OF POLK**

The foregoing instrument was acknowledged before me this 17th day of August, 2005, by **BONNIE L. ZICKGRAF**, who personally appeared before me, and produced Driver's License as identification or is personally known to me.

(SEAL)



  
Printed Name: ROXIE D. HENDERSON  
Notary Public

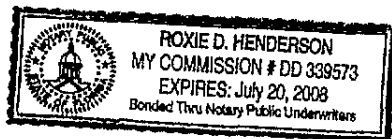
STATE OF FLORIDA  
COUNTY OF POLK

FILED

2005 AUG 19 P 1:14

The foregoing instrument was acknowledged before me this 17th day of August, 2005, by **BONNIE L. ZICKGRAF**, who personally appeared before me, who is known to me to be the person who executed the foregoing Articles of Organization and produced Driver's License as identification or is personally known to me.

(SEAL)



Roxie Henderson  
Printed Name: ROXIE D. HENDERSON  
Notary Public