

L05000092805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

L05-92805

(Document Number)

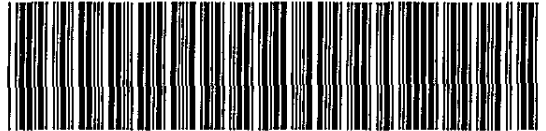
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Paralegal Plus

(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:

Denise Joseph Hicks

(Name of Person)

Paralegal Plus, LLC

(Firm/Company)

7729 Rockridge Drive West

(Address)

Jacksonville FL 32244

(City/State and Zip Code)

For further information concerning this matter, please call:

Denise Joseph Hicks

(Name of Person)

at

(904) 772-8215

(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)

### Mailing Address

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### Street/Courier Address

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR  
PARALEGAL PLUS, LLC**

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**ARTICLE I - NAME**

The name of the Limited Liability Company is:

PARALEGAL PLUS, LLC

**ARTICLE II - ADDRESS**

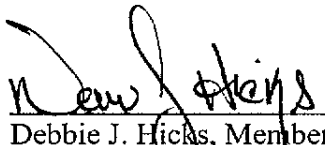
The mailing address and street address of the principal office of the Limited Liability Company is:

7729 Rockridge Drive West  
Jacksonville, FL 32244

**ARTICLE III - REGISTERED AGENT & REGISTERED OFFICE**

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

Debbie J. Hicks  
50 North Laura Street, Suite 3300  
Jacksonville, FL 32202

  
Debbie J. Hicks, 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.)*

**FILED**  
05 SEP 14 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CERTIFICATE OF ACCEPTANCE OF DESIGNATION OF  
REGISTERED AGENT OF  
PARALEGAL PLUS, LLC**

Pursuant to Section 608.415 of the Florida Limited Liability Company Act, the undersigned, having been designated as the initial Registered Agent for the service of process within the state of Florida upon PARALEGAL PLUS, LLC, a limited liability company organized under the laws of the state of Florida, hereby accepts the appointment as such Registered Agent for the above-named limited liability company and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of her duties, and is familiar with and accepts the obligations of her position as Registered Agent as provided for in the Florida Limited Liability Company Act and the general laws of the state of Florida relative to keeping open the Registered Office, which Registered Office is located at 50 North Laura Street, Suite 3300, Jacksonville, Florida 32202.

IN WITNESS WHEREOF, the undersigned has executed this Certificate in Jacksonville, Duval County, Florida on this 9<sup>th</sup> day of September, 2005.

  
\_\_\_\_\_  
Debbie J. Hicks, Registered Agent