

L05000115875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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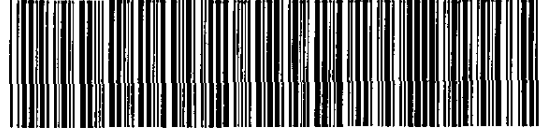
Special Instructions to Filing Officer:

11/15

W05-51923

FL LLC

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC -2 PM 1:53

APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Levin & Morgan, LLC
(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:

Dennise N. Longo Quiñones
(Name of Person)

Levin & Morgan, LLC
(Firm/Company)

165 West Jessup Avenue
(Address)

Longwood, FL 32750
(City/State and Zip Code)

For further information concerning this matter, please call:

Dennise N. Longo Quiñones at (407) 834-9494
(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)

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 21, 2005

DENNISE N. LONGO QUINONES
165 W. JESSUP AVENUE
LONGWOOD, FL 32750

SUBJECT: LEVIN & MORGAN, LLC
Ref. Number: W05000051923

We have received your document for LEVIN & MORGAN, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on November 15, 2005. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers
Document Specialist

Letter Number: 205A00068565

LEVIN & MORGAN, LLC

A Limited Liability Company of
Attorneys and Counselors at Law
Phone: (407) 834-9494
www.HelpsOnTheWay.cc

9997

NORMAN D. LEVIN *
MARSHAL D. MORGAN **
MATTHEW B. CAPSTRAW
AMY HAMLIN

LONGWOOD OFFICE
165 West Jessup Avenue
Longwood, Florida 32750
Fax: (407) 260-0069

* Fellow American Academy of Matrimonial Lawyers
* Admitted in Maryland
† Admitted in Puerto Rico
† Admitted in District of Columbia

METROWEST/ORLANDO OFFICE
2295 S. Hiawassee Road, Suite 310
Orlando, Florida 32835
Fax: (407) 472-5048

November 30, 2005

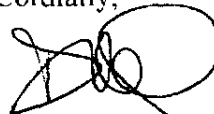
Ms. Leslie Sellers
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Levin & Morgan, LLC
Ref. Number: W05000051923

Dear Ms. Sellers:

We received your notice of November 21, 2005. In response thereto we enclose a modified Articles of Organization for Levin & Morgan, LLC providing that the effective date shall be the date of filing, which date we understand pursuant to your letter and our conversation to be November 15, 2005. Please proceed with the filing and issuance of the Certificate of Status and Certified Copy. We enclose a copy of the Articles of Incorporation to complete the issuance of the Certified Copy.

Cordially,



Dennise N. Longo Quiñones

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Levin & Morgan, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

165 West Jessup Avenue
Longwood, FL 32750
Phone: (407) 834-9494; Fax: (407) 260-0069

Mailing Address:

165 West Jessup Avenue
Longwood, FL 32750
Phone: (407) 834-9494; Fax: (407) 260-0069

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Dennise N. Longo Quiñones
Name
165 West Jessup Avenue
Florida street address (P.O. Box **NOT** acceptable)
Longwood FL 32750
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..


Registered Agent's Signature (REQUIRED)

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

Norman D. Levin, P.A.

165 West Jessup Avenue

Longwood, Florida 32750

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Date of Filing. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Norman D. Levin, as President Norman D. Levin, P.A.

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED

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)