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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Articles of Organization (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:
Terrell C. Madigan (Name of Person)
(Name of Person)
Madigan Law Firm, P.L.
P.O. Box 10321
(Address)
Tallahassee, FL 32302 305
(City/State and Zip Code)
For further information concerning this matter, please call:
Terry Madign at (850) 222-407 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address Registration Section Registration Section

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

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

ARTICLES OF ORGANIZATION MADIGAN LAW FIRM, P.L.

ARTICLE I - NAME

SOE IS PALSON The name of the limited liability company is Madigan Law Firm, P.L., ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the limited liability company

Principal Office Address:

is:

Mailing Address:

1052 Summerbrooke Drive Tallahassee, Florida 32312 Post Office Box 10321 Tallahassee, Florida 32302

The Managing Member may, from time to time, move the principal office to any other address in the State of Florida.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Terrell C. Madigan 1052 Summerbrooke Drive Tallahassee, Florida 32312

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.,

ARTICLE IV - MANAGERS OR MANAGING MEMBERS, QUALIFICATIONS

The business of the company shall be conducted under the exclusive management of the

Managing Member, who shall have exclusive authority to act for the company in all matters. The name and address of the Managing Member is:

Managing Member

Terrell C. Madigan Post Office Box 10321 Tallahassee, Florida 32302

The Managing Member must at all times be a person duly licensed by the State of Florida to practice law.

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be January 1, 2006.

ARTICLE VI - PURPOSE

This company is organized solely for the purpose of the practice of law through persons qualified to practice law in the state of Florida. All members of the company shall be persons duly licensed by the state of Florida to practice law.

ARTICLE VII - OTHER MATTERS

This company is formed pursuant to the Professional Service Corporation Limited Liability Act, Chapter 621, Florida Statutes, and the Florida Limited Liability Company Act, Chapter 608, Florida Statutes. The company shall be vested with all powers, duties, authorities, rights and privileges as provided pursuant to these Acts.

REQUIRED SIGNATURE:

Terrell C. Madigan, Managing Member

Signature of a member of 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.)