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(PA)

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Charles M. Britt III P. A. 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:				
Charles Britt (Name of Person)				
Charles M. Britt III PA (Firm/Company)				
Po Bot 78 (Address)				
Carrish Fl 34219 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Person) at (941) 747-444(c) (Area Code & Daytime Telephone Number)	ers sport Fig.			
Enclosed is a check for the following amount:	The sale			
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	-			
STDEET ADDRESS. MAILING ADDRESS.				

Registration Section
Division of Corporations
409 E. Gaines Street Tallahassee, Florida 32399

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



November 17, 2005

CHARLES BRITT CHARLES M BRITT III PA P.O. BOX 78 PARRISH, FL 34219

SUBJECT: CHARLES M. BRITT, III P.A. LLC

Ref. Number: W05000051454

We have received your document for CHARLES M. BRITT, III P.A. 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):

The name of the entity cannot include "P.A.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout 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) 245-6913.

Letter Number: 905A00068056

Diane Cushing Document Specialist

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Charles M. Britt,	THE PA. MC	
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
520 12 57 W Syite 203 A Bradwood FC 34705	PO BOX 78 Parrish, Fl 34219	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:	
The name and the Florida street address of the r		
Charles 1	1. Britt III	
Name		
520 12 Th ST	w. Svike 205 4 5	
Bradwhows (P.O. Box NOT acceptable)  Bradwhows 34205		
City, State, a		
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe accept the obligations of my position as regi	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all orformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S	
Registered Agent's	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

\*\*MGRM" = Managing Member

\*\*MGRM" = Managing Member

\*\*Charts M. Britt IIII.

\*\*S20 127 07 00 50 14 20 50 1

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.)

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)