

L060000 90249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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W06-38979

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Advocates, P.L.
(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:

Michelle S. Rosamond

(Name of Person)

(Firm/Company)

8606 Cara Park Way

(Address)

Tampa, FL 33635

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Michelle S. Rosamond at (813) 881-8638
(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
Division of Corporations

September 5, 2006

MICHELLE S. ROSAMOND
8606 CARA PARK WAY
TAMPA, FL 33635

SUBJECT: THE ADVOCATES, P.L.
Ref. Number: W06000038979

We have received your document for THE ADVOCATES, P.L. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 306A00053788

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TALLAHASSEE, FLORIDA

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Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
Attn: Marsha Thomas, Document Specialist

September 11, 2006

Dear Ms. Thomas:

I recently submitted a document for filing, attempting to organize "The Advocates, P.L." – a Florida professional limited liability company to be organized under Florida Statutes Chapters 608 and 621. The document was prepared using the Department of State's standard forms available on your website.

As noted on your enclosed letter, the document was not filed, because it did not contain a brief description of the entity's nature of business". This was surprising, since it does not appear that this information is required by Chapter 608 or Chapter 621, and the division's standard form contains no space to input this information.

Nonetheless, pursuant to your instructions, I have amended the document by typing in a new "Article VI", describing the nature of the entity's business. Again, since this information is not required by statute, there is no legal guidance as to how it is to be completed. Therefore, I hope the description I've provided is sufficient. If not, or if there are further concerns with my filing, please call me immediately.

Thank you for your assistance.

Sincerely,

Michelle S. Rosamond, Esq.

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Advocates, P.L.

(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:

8606 Cara Park Way

Tampa, FL 33635

Mailing Address:

8606 Cara Park Way

Tampa, FL 33635

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:

Michelle S. Rosamond

Name

8606 Cara Park Way

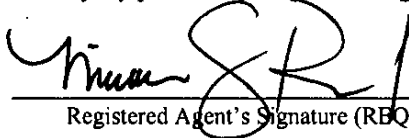
Florida street address (P.O. Box **NOT** acceptable)

Tampa, FL 33635

FL

City, State, and Zip

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)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Michelle S. Rosamond

8606 Cara Park Way

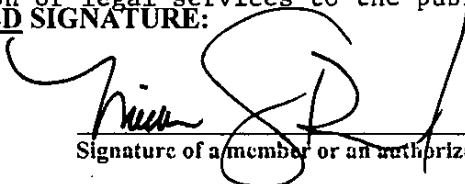
Tampa, FL 33635

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the 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.)

ARTICLE VI. Nature of Entity's Business. The nature of the entity's business shall be the provision of legal services to the public.

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.)

Michelle S. Rosamond

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)

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TALLAHASSEE, FLORIDA