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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT: LAW	GUIDES, LLC.			
	(Name of Limite	ed Liability Compa	ny)	
The enclosed Article	es of Organization and fee(s) are s	submitted for filing		
Please return all corr	respondence concerning this matte	er to the following:		
ASHFOR	RD MILLIS			
 	(Name of Person)		
·				
	•	(Firm/Company)		
7224 C	DUNTY RUN PARKV	VAY		
		(Address)		
ORLAN	DO, FL 32818			
	(City	/State and Zip Code))	
For further informati	on concerning this matter, please	call:		
ASHFORD MII		247	406 474	4
	ame of Person)	at (347) (Area Code	406-474 & Daytime To	elephone Number)
Enclosed is a checl	k for the following amount:			
] \$125.00 Filing F	ee \$\sqrt{2}\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Copy (additional copy is		\$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	Registration Division of Clifton Bu 2661 Exec	f Corporation	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LAW GUIDES, LLC.	
(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")
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:
7224 COUNTY RUN PARKWAY	7224 COUNTY RUN PARKWAY
ORLANDO, FL 32818	ORLANDO, FL 32818
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the reasonable ASHFORD MILLIS	-
Name	
7224 COUNTY RUN PARKWA	\ Y
Florida street add	ress (P.O. Box NOT acceptable)
ORLANDO, FL 32818	FL
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE DIVISION OF CORPORATIONS

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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:

"MGR" = Manager "MGRM" = Managing Memi	ner
MGRM	ASHFORD MILLIS
	7224 COUNTY RUN PARKWAY
	ORLANDO, FL 32818
· · · · · · · · · · · · · · · · · · ·	
·	
(Use attachment if necessary)	
EV: Effective date, if other	than the date of filing: (OPTIONAL)
lective date is listed, the date days after the date of filing.)	must be specific and cannot be more than five business da
REQUIRED SIGNATURE:	

(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.)

Signature of a member or an authorized representative of a member.

ASHFORD MILLIS

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)