

L08000029499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

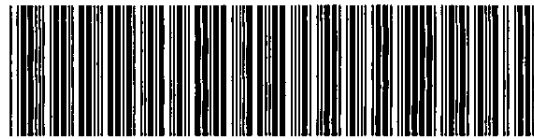
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700120363187

03/14/08--01024--011 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 21 PM 3:48

J. BRYAN

MAR 25 2008

EXAMINER

W08-13946
MAR 17 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICHAEL SCHIFFRIN, PLLC
(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:

Michael Schiffrin

(Name of Person)

(Firm/Company)

9130 S. Dadeland Blvd., Suite 1109

(Address)

Miami, Florida 33156

(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 21 PM 3:48

For further information concerning this matter, please call:

MICHAEL SCHIFFRIN at (305) 539-0000
(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

March 17, 2008

MICHAEL SCHIFFRIN
9130 S. DADELAND BLVD., SUITE 1109
MIAMI, FL 33156

SUBJECT: MICHAEL SCHIFFRIN, PLLC
Ref. Number: W08000013946

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 21 PM 3:48

We have received your document for MICHAEL SCHIFFRIN, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth 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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 508A00016008

LAW OFFICES OF
MICHAEL SCHIFFRIN & ASSOCIATES, P.A.

TWO DATRAN CENTER - SUITE 1109
9130 SOUTH DADELAND BOULEVARD
MIAMI, FLORIDA 33156

TELEPHONE: (305) 539-0000
TELECOPIER: (305) 539-0013

E-MAIL: schiffaw@aol.com

March 20, 2008

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Attn: Joey Bryan, Regulatory Specialist

Re: Michael Schiffrin, PLLC

Ref. Number: W08000013946

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 21 PM 3:48

Dear Mr. Bryan:

Enclosed please find the original and one copy of the *Articles of Organization for Florida Limited Liability Company* which has been modified in accordance with your notification, a copy of which I attach for your reference. Please provide me with the confirmation that the above-referenced limited liability company has been duly registered. For your convenience, I herewith enclose a stamped, self-addressed envelope.

Of course, if you should have any questions or require anything further, please advise.

Very truly yours,

MICHAEL SCHIFFRIN & ASSOCIATES, P.A.

MICHAEL SCHIFFRIN, ESQ.

MS/ine
Encl.

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
NAME

The name of the Limited Liability Company is:

MICHAEL SCHIFFRIN, PLLC

ARTICLE II
ADDRESS

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

Suite 1109 - Two Datan Center
9130 South Dadeland Boulevard
Miami, Florida 33156

ARTICLE III
PURPOSES OF LIMITED LIABILITY COMPANY

The purpose for which this Limited Liability Company is organized is:

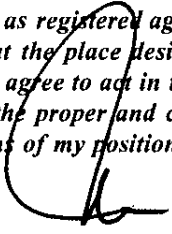
The practice of law

ARTICLE IV
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent for the Limited Liability Company is:

Michael Schiffrin, Esquire
Suite 1109 - Two Datan Center
9130 South Dadeland Boulevard
Miami, Florida 33131

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 certification, 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.



Michael Schiffrin, as Registered Agent

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 21 PM 3:48

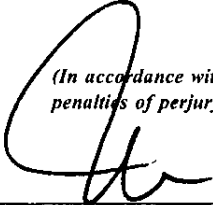
ARTICLE V
MANAGEMENT

The name and address of the managing member/manager is:

Michael Schiffrin, Esquire
Suite 1109 - Two Dattran Center
9130 South Dadeland Boulevard
Miami, Florida 33131

ARTICLE VI
EFFECTIVE DATE

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.)

 (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)

/Michael Schiffrin

3-21-2008

Signature of a member or an authorized representative of a member

Printed or Typed Name of Signee

(Date)

FEES:

FILING FEE FOR ARTICLES OF ORGANIZATION - \$ 100.00
DESIGNATION OF REGISTERED AGENT - \$ 25.00
CERTIFIED COPY (OPTIONAL) - \$ 30.00
CERTIFICATE OF STATUS (OPTIONAL) - \$ 5.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 21 PM 3:48