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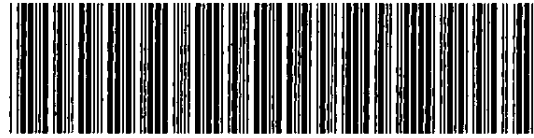
Certificates of Status _____

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EFFECTIVE DATE

8/18/08



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08 AUG 25 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 26 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Law Office of Arthur L. McNeil 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:

Arthur L. McNeil

(Name of Person)

Law Office of Arthur L. McNeil P.L.

(Firm/Company)

13899 Biscayne Blvd PH10

(Address)

North Miami Beach, FL 33181

(City/State and Zip Code)

For further information concerning this matter, please call:

Arthur L. McNeil

(Name of Person)

at (**305**) **945-2333**
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Law Office of Arthur L. McNeil P.L.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

13899 Biscayne Blvd PH10
North Miami Beach, FL 33181

Mailing Address:

13899 Biscayne Blvd PH10
North Miami Beach, FL 33181

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:

Arthur L. McNeil

Name

13899 Biscayne Blvd PH10

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

North Miami Beach, FL 33181

City, State, and Zip

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TALLAHASSEE, FLORIDA

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

EFFECTIVE DATE 8/18/08

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

Arthur L. McNeil, who is a licensed attorney in FL

13899 Biscayne Blvd PH10

North Miami Beach, FL 33181

ARTICLE V: Purpose

The Professional Limited Liability Company is organized for the purpose of providing legal services, and all other lawful business permitted under the laws of the United States and The State of Florida.

ARTICLE VI: Type of Professional Service Rendered


The Professional Limited Liability Company will provide legal services.

ARTICLE VII: Effective date, if other than the date of filing:

The Professional Limited Liability Company will exist in perpetuity commencing on 8/18/2008. (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.)

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.)

Arthur L. McNeil

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

\$ 5.00 Certificate of Status

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