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DEPARTMENT OF STATE DIVISION OF CORFORATIONS

T. CLINE

SEP -4 2008

EXAMINER

BCRETARY OF STATE

FLED

## **COVER LETTER**

Division of Corporations	
SUBJECT: D'Alemberte & Palme	er, P.L.L.C.
	ted Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Patsy Palmer	
	(Name of Person)
D'Alemberte & Palmer, F	P.L.L.C.
	(Firm/Company)
P.O. Box 10029	
***************************************	(Address)
Tallahassee, Florida 323	02-2029
(Cir	ty/State and Zip Code)
For further information concerning this matter, please	e call:
Patsy Palmer	at ( 850 ) 216-2242
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$	□\$155.00 Filing Fee & ✓ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
D'Alemberte & Palmer, P.L.L.C.	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1117 Myers Park Drive	P.O. Box 10029
Tallahassee, Florida 32301	Tallahassee, Florida 32302-2029
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Patsy Palmer	
Name	
1117 Myers Park D	Prive
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Tallahassee	<sub>FL</sub> 32301
City, State, an	d 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	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
-Punf	Ulma Es &
Registered Agent's Signatus  (CONTINU  Page 1 of 2	TILED TIARY OF SIL ASSEE, FLOOR

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Talbot D'Alemberte
	1117 Myers Park Drive, Tallahassee, Florida 3230 P.O. Box 10029, Tallahassee, Florida 32302-2029
MGRM	Patsy Palmer 1117 Myers Park Drive, Tallahassee, Florida 32301 P.O. Box 10029, Tallahassee, Florida 32302-2029
(Use attachment if necessary)	
CLE V: Effective date, if other than the	date of filing: (OPTIONA
CLE V: Effective date, if other than the effective date is listed, the date must b 0 days after the date of filing.)	e specific and cannot be more than five business day
CLE V: Effective date, if other than the effective date is listed, the date must b 0 days after the date of filing.)	e date of filing: (OPTIONAle specific and cannot be more than five business day  P.L.L.C. is to practice law.
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