

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000266476 3)))



H080002664763ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

Effective Date 01/02/09

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239) 344-1100
Fax Number : (239) 344-1200

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PORTER MEDIATIONS, P.L.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

PLEASE NOTE EFFECTIVE DATE

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

DEC - 4 2008

RECEIVED
08 DEC - 3 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
08 DEC - 3 AM 8:04
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FAX AUDIT NO.: H08000266476 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC -3 AM 8:04

**ARTICLES OF ORGANIZATION
OF
PORTER MEDIATIONS, P.L.**

ARTICLE I-NAME

The name of the company shall be PORTER MEDIATIONS, P.L., a Florida professional limited liability company (the "Company").

ARTICLE II-MAILING AND STREET ADDRESS

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

5191 Westminster Drive
Fort Myers, Florida 33919

ARTICLE III-EFFECTIVE DATE

This professional limited liability company's existence shall commence on January 2, 2009, and shall terminate as provided for in the Operating Agreement.

ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company is:

Name

Address

J. TERRANCE PORTER

5191 Westminster Drive
Fort Myers, Florida 33919

ARTICLE V-PURPOSE

The Company may engage in each and every aspect of the general practice of law and such other activities related or incidental thereto, but only through its Members, officers, employees, and agents who are duly licensed or otherwise legally authorized to render such professional services within the state of Florida.

ARTICLE VI-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following is the name

FAX AUDIT NO.: H08000266476 3

Effective Date 01/02/09

FAX AUDIT NO.: H08000266476 3

and address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

Name

Address

J. TERRANCE PORTER

5191 Westminster Drive
Fort Myers, Florida 33919

ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being a Member of the Company, has executed these Articles of Organization this 3rd day of December, 2008.


J. TERRANCE PORTER, Member

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC -3 AM 8:04

FAX AUDIT NO.: H08000266476 3

FAX AUDIT NO.: H08000266476 3

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the professional limited liability company is: PORTER MEDIATIONS, P.L.
2. The name and address of the registered agent and office is:

J. Terrance Porter
5191 Westminster Drive
Fort Myers, Florida 33919

Having been named as registered agent and to accept service of process for the above stated professional 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.



J. TERRANCE PORTER
Registered Agent

FAX AUDIT NO.: H08000266476 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC -3 AM 8:04