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SECRETARY OF STATE
TALLAHASSEF F. STATE

D. BRUCE

FEB 24 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: Parage	on Legal S	ervices, LLC ed Liability Company)	
	(Name of Limite	ed Liability Company)	
The enclosed Articles of Orga	nization and fee(s) are s	submitted for filing.	
Please return all corresponden	ce concerning this matte	er to the following:	
Nichola	s B. Goros	Name of Person)	
Paragon	Legal Serv	(Firm/Company)	
4560 316	+ Ave N.	(Address)	<del> </del>
_		,	09 SEC TALL
St. Peter	's burg, FL	33 71 3 //State and Zip Code)	
	) (City	//State and Zip Code)	EB 23
For further information conce	rning this matter, please	call:	TB23 PM
		- 4 -	58 <del>-</del> 0
Nicholas B. G.	orospe.	at ( 727 ) 687- (Area Code & Daytime Tele	Dhone Number)
`	,		,
Enclosed is a check for the	following amount:		
\$125.00 Filing Fee \$1 Co	30.00 Filing Fee & ertificate 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)
Rej Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle

पुरु एक व्यवस्था सम्बद्ध

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ffice of the Limited Liability Company is  g Address:  3164 Ave N.  eters bury; FL 33713
316+ Ave N. etersburg, FL 33713
_
& Registered Agent's Signature: You must designate an individual or another  agent are:  Box NOT acceptable)  33713

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Nicholas B. Gorospe 456B 319+ Ave N. St. Petersbury, FL 33713
effective date is listed, the date mus	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date must	the date of filing: (OPTIONAL)
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me  (In accordance with of this document contents.)	the date of filing: (OPTIONAL)

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)