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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

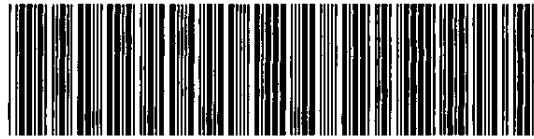
(Business Entity Name)

(Document Number)

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T. CLINE

NOV 24 2009

EXAMINER

**BRESS
LAW
FIRM**

399 Knollwood Road
White Plains, New York 10603
Tel (914) 428-0770
Fax (914) 428-5663

Florida Office: 10420 SW 16th Place
Davie, Florida 33324

Website: www.bresslaw.com

Dean S. Bress, CELA

Admitted in New York, New Jersey,
Florida and Connecticut

November 20, 2009

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Bress Law Firm, PLLC

Dear Addressee:

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter as follows:

Dean S. Bress
10420 SW 16th Place
Davie, Florida 33324

Email address is: dsbress@yahoo.com.

I can be reached by telephone at 954-533-1807.

Enclosed is my check for \$130 for the filing fee and certificate of status.

Thank you for your assistance.

Very truly yours,

Dean S. Bress

Dean S. Bress

Enclosure(s)

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ARTICLES OF ORGANIZATION

FOR

BRESS LAW FIRM, PLLC

ARTICLE I. **Name and Purpose:** The name of the Professional Limited Liability Company is Bress Law Firm, PLLC. Bress Law Firm, PLLC shall be engaged in the practice of law.

ARTICLE II. **Address:** The mailing address and street address of the principal office of the Professional Limited Liability Company is:

Principal Office Address:

Mailing Address

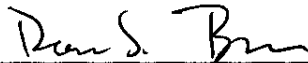
Suite 238, 1041 Ives Dairy Road
Aventura, Florida 33179

10420 SW 16th Place
Davie, Florida 33324

ARTICLE III. **Registered Agent, Registered Office & Registered Agent's Signature:**

Name: Dean S. Bress
Address: 10420 SW 16th Place,
Davie, Florida 33324

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 as provided for in chapter 608, F.S.



Registered Agent's Signature

ARTICLE IV. **Manager(s) or Managing Member(s)**

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Dean S. Bress
10420 SW 16th Place
Davie, Florida 33324

MGRM

Dean S. Bress
10420 SW 16th Place

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ARTICLE V. Effective date, if other than the filing date: _____.

REQUIRED SIGNATURE:

Dean S. Bress

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.)

Dean S. Bress

Dean S. Bress

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