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EXAMINER

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COVER LETTER.

то:	Registration S Division of Co			14/5/201
SHRIE	cct: Herman	ı Legal LLC		ψη.\
501501			ed Liability Company	
The en	closed Articles of	of Organization and fee(s) are	submitted for filing.	الله الله الله الله الله الله الله الله
Please	return all corresp	oondence concerning this mat	ter to the following:	3
	Alan M. Herm	nan		
			Name of Person	•
	Hormon Logo	NIII C		
	Herman Lega	II LLO	Firm/Company	
	421 Montgom	nery Road, Suite 155		
·			Address	*
	A14	dana Fladda 20744		
	Altamonte Sp	orings, Florida 32714	y/State and Zip Code	
	harman lagal		yroune and sip code	
-	herman.legal		for future annual report notification)	
For from	th an in fannskian	aanaamina thia mattan mlaas	n nalli.	
roriun	mer miormanon	concerning this matter, please	e can.	
Alan N	И. Herman		at (305) 794-7312	
7 110111		of Person	Area Code & Daytime Telep	hone Number
Enclos	ed is a check for	or the following amount:		
⊿\$ 125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate 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)
		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 Ci	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM

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Δ	1101	JE 1	~ 143	mic.

The name of the Limited Liability Company is:

Herman Legal LLC

(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:

Frincipal Office Address: Maint	
421 Montgomery Road 421 Mon	itgomery Road
Suite 155 Suite 155	5
Altamonte Springs, FL 32714 Altamon	nte Springs, FL 32714

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:

Alan M. Herma	an		
	Name		
3297 Jog Parl	k Drive		
Florida street address (P.O. Box NOT accep			
Greenacres,	FL 33467		
	City, State, and Zip		

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

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" = Mana; "MGRM" = Mai		Name and Address:	
MGRM		Alan M. Herman	
		3297 Jog Park Drive	
		Greenacres, FL 33467	
	_		
<u> </u>	_		
			
	_		
			
(Use attachment	if necessary)		
	sted, the date must be s	te of filing: pecific and cannot be more than five t	
REQUIRED SI	GNATURE:		
	A.	m n	
	Signature of a member o	r an authorized representative of a member	– r.
	(In accordance with section of this document constitute that the facts stated herein	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.)	Ý
	Alan M. Herman		
	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 (Optional)
- \$ 5.00 Certificate of Status (Optional)