

L100000014399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

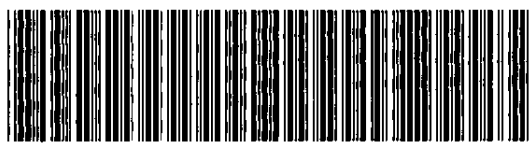
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
**L. SELLERS**  
JUN 16 2010  
**EXAMINER**  
~~W.D. Sellers~~

Office Use Only



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05/28/10--01021--025 \*\*130.00

**FILED**  
10 JUN 15 PM 4: 02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PATEL LAW GROUP, PL**  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

SUNIL PATEL  
Name of Person

PATEL LAW GROUP, PL  
Firm/Company

1750 NORTH BAYSHORE DRIVE, 4308  
Address

MIAMI, FLORIDA 33132  
City/State and Zip Code

SUNILAND2@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUNIL PATEL at ( 678 ) 770 5792  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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 Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 2, 2010

SUNIL PATEL  
1750 NORTH BAYSHORE DRIVE, 4308  
MIAMI, FL 33132

SUBJECT: PATEL LAW GROUP, PL  
Ref. Number: W10000026479

We have received your document for PATEL LAW GROUP, PL and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 310A00013701

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PATEL LAW GROUP, PL

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

*Purpose: Provide legal services.*

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

1750 NORTH BAYSHORE DRIVE,  
4308  
MIAMI, FLORIDA 33132

1750 NORTH BAYSHORE DRIVE  
4308  
MIAMI, FLORIDA 33132

**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:

SUNIL PATEL

Name

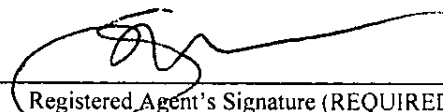
1750 NORTH BAYSHORE DRIVE, 4308

Florida street address (P.O. Box NOT acceptable)

MIAMI, FL 33132

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

**FILED**  
**NO JUN 15 PM 4:02**  
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**TALLAHASSEE, FLORIDA**

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

SUNIL PATEL

1750 NORTH BAYSHORE DRIVE, 4308

MIAMI, FLORIDA 33132

\_\_\_\_\_

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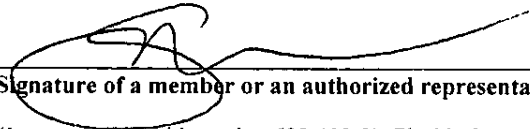
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ . (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Purpose: Provide legal services.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

SUNIL PATEL

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)