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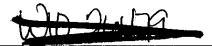
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Special Instructions to Filing Officer:

L. SELLERS

JUN 1 6 2010

EXAMINER



Office Use Only



900181249189

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MOJUN 15 PM 4: 02 SECRETARY OF STATE MALLAHASSEE, FLORIDA

COVER LETTER

	ration Section on of Corporations
DIVISIO	u of Cot polations
SUBJECT: P	ATEL LAW GROUP, PL
	Name of Limited Liability Company
The enclosed A	ticles of Organization and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
SHAILS	. PATEL
201412	Name of Person
DATE	LAW GROUP, PL
FAIL	Firm/Company
4750 1	
1/50 N	NORTH BAYSHORE DRIVE, 4308 Address
	, radios
MIAMI	, FLORIDA 33132
CLIMII	City/State and Zip Code
SUNIL	AND2@GMAIL.COM E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
SUNIL PAT	EL at (678) 770 5792
CONILITAT	Name of Person at (678) 770 5792 Area Code & Daytime Telephone Number
Enclosed is a c	heck for the following amount:
□\$125.00 Filing	Gree □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, 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.

Letter Number: 310A00013701

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	CL	ΕI	- Na	ıme:
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The name of the Limited Liability Company is:

(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.") OSC: Provide legal services.		
· · · · · · · · · · · · · · · · · · ·	_		
The mailing address and street addres	s of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1750 NORTH BAYSHORE DRIVE,	1750 NORTH BAYSHORE DRIVE		
4308	4308		
7000	4508		
MIAMI, FLORIDA 33132 ARTICLE III - Registered Agent, R	MIAMI, FLORIDA 33132 Registered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another		
MIAMI, FLORIDA 33132 ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as in business entity with an active Florida registration The name and the Florida street addre	MIAMI, FLORIDA 33132 Registered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another 1)		
MIAMI, FLORIDA 33132 ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration	MIAMI, FLORIDA 33132 Registered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another) ss of the registered agent are:		
MIAMI, FLORIDA 33132 ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as in business entity with an active Florida registration The name and the Florida street addre	MIAMI, FLORIDA 33132 Registered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another 1)		
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as in business entity with an active Florida registration) The name and the Florida street addre SUNIL PATEL	MIAMI, FLORIDA 33132 Registered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another) ss of the registered agent are:		
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as in business entity with an active Florida registration) The name and the Florida street addre SUNIL PATEL 1750 NORTH I	MIAMI, FLORIDA 33132 Registered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another ss of the registered agent are: Name		
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as in business entity with an active Florida registration) The name and the Florida street addre SUNIL PATEL 1750 NORTH I	MIAMI, FLORIDA 33132 Registered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another so of the registered agent are: Name BAYSHORE DRIVE, 4308		

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

M JUN 15 PM 4: 02
SECRETARY OF STATE

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" = Manager "MGRM" = Managing Me	Name and Address: ember
MGRM	SUNIL PATEL 1750 NORTH BAYSHORE DRIVE, 4308 MIAMI, FLORIDA 33132
If an effective date is listed, the d	her than the date of filing: (OPTIONAL)
	re.) ose: Provide legal services.
(In accord of this do that the fa	e of a member or an authorized representative of a member. Innce with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury acts stated herein are true.) PATEL

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)

Typed or printed name of signee