

L1000009/004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

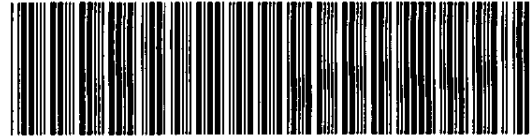
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TALLAHASSEE, FLORIDA

D. BRUCE

AUG 30 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2010

ELAINE I. PARRIS
2550 NORTH FEDERAL HIGHWAY, SUITE 12
FORT LAUDERDALE, FL 33305

SUBJECT: LAW OFFICE OF ELAINE I. PARRIS, P.L.
Ref. Number: W10000039182

We have received your document for LAW OFFICE OF ELAINE I. PARRIS, P.L. and your check(s) totaling \$160.00. 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 810A00019973

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAW OFFICE OF ELAINE I. PARRIS, P.L.
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:

ELAINE I. PARRIS

Name of Person

Firm/Company

2550 NORTH FEDERAL HIGHWAY, SUITE 12

Address

FORT LAUDERDALE, FL 33305

City/State and Zip Code

elaine @ parris-lawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELAINE I. PARRIS

Name of Person

at (561) 289-3892

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA
CLERK OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAW OFFICE OF ELAINE I. PARRIS, P.L.

(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:

Principal Office Address:

2550 NORTH FEDERAL HIGHWAY, SUITE 12
FORT LAUDERDALE, FL 33305

Mailing Address:

2550 NORTH FEDERAL HIGHWAY, SUITE 12
FORT LAUDERDALE, FL 33305

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:

ELAINE I. PARRIS

Name

2550 NORTH FEDERAL HIGHWAY, SUITE 12

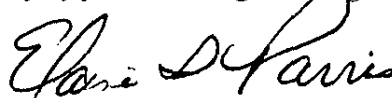
Florida street address (P.O. Box **NOT** acceptable)

FORT LAUDERDALE, FL 33305

City, State, and Zip

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TALLAHASSEE, FLORIDA

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

ELAINE I. PARRIS

2550 NORTH FEDERAL HIGHWAY, SUITE 12

FORT LAUDERDALE, FL 33305

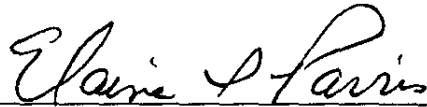
(Use attachment if necessary)

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.)

ARTICLE VI: The purpose of the entity, Law Office of Elaine I. Parris, P.L. is the practice of law.

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.)

ELAINE I. PARRIS

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)

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