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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

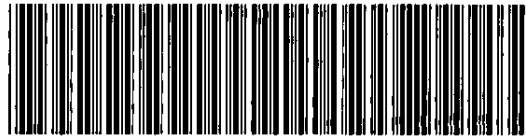
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Colligan SEP 13 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Law Offices of Mary W. Kaplan, 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:

Mary Williams Kaplan, MGR

Name of Person

Law Offices of Mary W. Kaplan, P.L.

Firm/Company

7635 Ashley Park Court Suite 503-B

Address

Orlando, Florida 32835

City/State and Zip Code

marywkaplan@gmail.com

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

For further information concerning this matter, please call:

Mary Kaplan

Name of Person

at (407) 494-6701

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

September 13, 2010

LAW OFFICES OF MARY W. KAPLAN, P.L.
7635 ASHELY PARK COURT SUITE 503-B
ORLANDO, FL 32835

SUBJECT: LAW OFFICES OF MARY W. KAPLAN, P.L.
Ref. Number: W10000042985

We have received your document for LAW OFFICES OF MARY W. KAPLAN, P.L. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included 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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 310A00021726

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Law Offices of Mary W. Kaplan, 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:

7635 Ashley Park Court

Suite 503-B

Orlando, FL 32835

Mailing Address:

7635 Ashley Park Court

Suite 503-B

Orlando, FL 32835

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:

Mary Williams Kaplan

Name

15312 Hayworth Dr

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

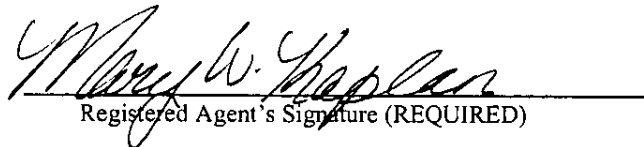
Winter Garden

FL 34787

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)

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

Mary W. Kaplan

15312 Hayworth Dr

Winter Garden, FL 34787

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 7, 2010. (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.)

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.)

Mary W. Kaplan

Typed or printed name of signer

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MARY W. KAPLAN, ESQ.

7635 ASHLEY PARK COURT
SUITE 503-B
ORLANDO, FLORIDA 32835
TEL (407) 494-6701
FAX (404) 529-4788
EMAIL MARYWKAPLAN@GMAIL.COM

September 15, 2010

Ms. Neysa Pullitan
Office of the Florida Secretary of State
VIA FACSIMILE (850) 245-6030

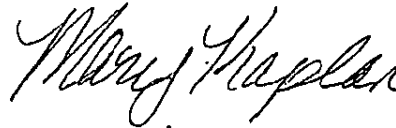
RE: Law Offices of Mary W. Kaplan, P.L.

Dear Madam:

The above-referenced entity is a law firm engaged exclusively in the practice of law.

Please call me with any questions.

Very truly yours,

A handwritten signature in cursive script, reading "Mary W. Kaplan". The signature is written in dark ink and is positioned below the typed name "Mary W. Kaplan".