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COVER LETTER

Registration Section

. TO:

Division of Corporations	
SUBJECT: Julie Renee Mandel, Esq., LL0	^
	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
tolia D. Mandal. Fan	
Julie R. Mandel, Esq.	Name of Person
Julie Renee Mandel, Esq., LLC	
	Firm/Company
18580 Ocean Mist Drive	
	Address
Boca Raton, FL 33498	ty/State and Zip Code
julie.mandel@comcast.net	y cano and hip code
	for future annual report notification)
For further information concerning this matter, pleas	e call:
Lifts Manualist	
Julie Mandel Name of Person	at (<u>561</u> <u>) 613-3067</u> Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytine Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int\\$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	(additional step) is electosed)
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	2/2CVEDATE	
The name of the Limited Liability Company	IS: 42011	
Julie Renee Mandel, Esq., LLC		
(Must end with the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	principal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
18580 Ocean Mist Drive	18580 Ocean Mist Drive	
Boca Raton, FL 33498	Boca Raton, FL 33498	
business entity with an active Florida registration.) The name and the Florida street address of th Julie R. Mandel, Esq. Nar 18580 Ocean Mist Drive		FILED
	address (P.O. Box NOT acceptable)	
Boca Raton,	FL33498	
City,	State, and Zip	
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated liming this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of performance of my duties, and I am familiar with an egistered agent as provided for in Chapter 608, F.S	s f al. nd

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Julie R. Mandel, Esq. 18580 Ocean Mist Drive Boca Raton, FL 33498 (Use attachment if necessary) (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)