

L110000039389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

APR 1 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Hogan Law Firm, PLLC
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:

Kim M. Stanfield

Name of Person

The Hogan Law Firm

Firm/Company

20 So. Broad Street

Address

Brooksville, Florida 34601

City/State and Zip Code

kstanfield@hoganlawfirm.com

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

For further information concerning this matter, please call:

Kim M. Stanfield

Name of Person

at (352) 799-8423

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Hogan Law Firm, PLLC

(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:

20 So. Broad Street
Brooksville, Florida 34601

Mailing Address:

20 So. Broad Street
Brooksville, Florida 34601

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:

Deborah Hogan

Name

20 So. Broad Street

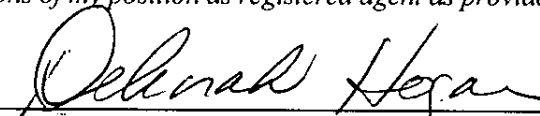
Florida street address (P.O. Box **NOT** acceptable)

Brooksville FL 34601

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:

MGR

Thomas S. Hogan, Jr.

20 So. Broad Street

Brooksville, FL 34601

MGR

Deborah Hogan

20 So. Broad Street

Brooksville, FL 34601

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TALLAHASSEE, FLORIDA

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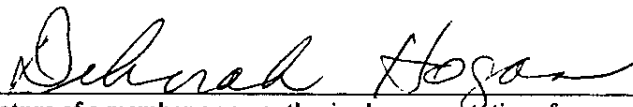
(Use attachment if necessary)

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.)

ARTICLE VI. This Professional limited liability company is organized for the sole and specific purpose of providing professional 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. 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.)

Deborah Hogan

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)

THE HOGAN LAW FIRM®

We mean businessSM

April 1, 2011

Registration Section
Attn: Jeraline
Division of Corporations
Via Fax: 850-245-6030

Re: The Hogan Law Firm, PLLC

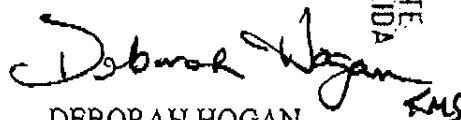
Dear Jeraline:

This is to confirm that the shareholders and directors of The Hogan Law Firm, P.A. and the members and managers of The Hogan Law Firm, LLC are the same persons as the proponents of The Hogan Law Firm, PLLC

Please process the Articles of Organization for The Hogan Law Firm, PLLC as submitted.

Thank you for your kind and able assistance today.

Sincerely,



DEBORAH HOGAN

Signed in absence to avoid delay

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TALLAHASSEE, FLORIDA

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