

L110000051904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

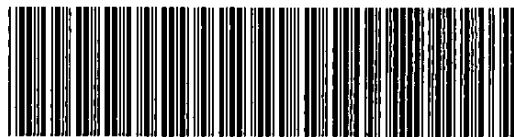
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Certified Copies _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -2 AM 11:45

T. HAMPTON

MAY - 8 2011

EXAMINER

64912-110

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Law Office of Brant Hargrove, P.A.

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:

Brant Hargrove

Name of Person

Law Office of Brant Hargrove

Firm/Company

1291 Cedar Center Drive

Address

Tallahassee, FL 32301

City/State and Zip Code

hargrovelaw@embarqmail.com

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

For further information concerning this matter, please call:

Ceylon Hargrove

Name of Person

at (**850**) **422-1003**

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

**LAW OFFICE OF
BRANT HARGROVE**

1291 Cedar Center Drive
Tallahassee, FL 32301
850/422-1003 office
850/422-1113 fax

April 26, 2011

Division of Corporations
PO Box 6327
Tallahassee, FL 32314


ATTN: Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

RE: Application for LLC
Ref. No.: W11000021079

Dear Ms. Hampton,

Enclosed please find the original and a copy of the corrected document, along with a copy of your letter (number 411A00009108) dated April 14, 2011.

Sincerely,


Ceylon Hargrove, for
Brant Hargrove

:ch
enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 MAY -2 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 14, 2011

BRANT HARGROVE
1291 CEDAR CENTER DR
TALLAHASSEE, FL 32301

SUBJECT: LAW OFFICE OF BRANT HARGROVE, P.A.
Ref. Number: W11000021079

We have received your document for LAW OFFICE OF BRANT HARGROVE, P.A. and your check(s) totaling \$125.00. 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.

The name of a professional limited liability company must end with P.L., P.L.C., P.L.L.C., PL, PLC, PLLC, PROFESSIONAL LIMITED COMPANY, CHARTERED, or PROFESSIONAL LIMITED LIABILITY COMPANY.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 411A00009108

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Law Office of Brant Hargrove, PLC

(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:

1291 Cedar Center Drive
Tallahassee, FL 32301

Mailing Address:

Same

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:

Brant Hargrove

Name

1291 Cedar Center Drive

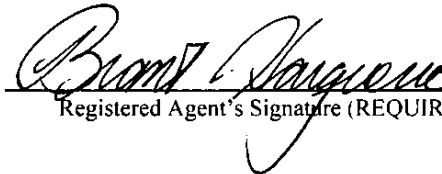
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL 32301

City, State, and Zip

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 3

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -2 AM 11:45

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 _____

Brant Hargrove _____

1291 Cedar Center Drive _____

Tallahassee, FL 32301 _____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

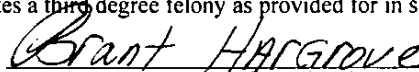
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)



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)

ARTICLE VI - PURPOSE

The purpose of this Limited Liability Company is to engage in every phase and aspect of the practice of law.

FILED
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