

L11000053435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

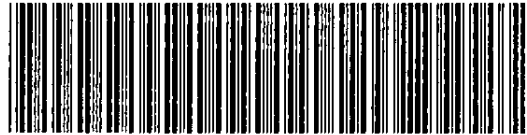
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. HARVEY
MAY 05 2011
EXAMINER

TRANSMITTAL LETTER

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314
850-487-6051

SUBJECT: PERSONAL TOUCH COURT REPORTING, LLC.

Enclosed are an original and one copy of the articles of Organization For Florida Limited Liability Company.

**FROM: CYNTHIA SCIORRA
405 E. WAVERLY PLACE, #2A
VERO BEACH, FLORIDA 32960
772-486-0321**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DATE: May 5, 2011

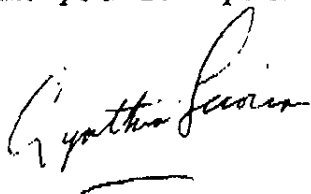
TO: Gretchen Harvey/Division of Corporations
Fax: (850) 245-6030

FROM: Cynthia Sciorra - Phone: (772) 486-0321
Fax: (772) 299-6151
405 E. Waverly Place, #2A
Vero Beach, FL 32960

RE: Personal Touch Court Reporting, Inc.

Please be advised I am releasing the name Personal
Touch Court Reporting, Inc.

If you need anything further, please advise, and
thank you for your help.



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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 shall be: PERSONAL TOUCH COURT REPORTING, LLC.

ARTICLE II-Address:

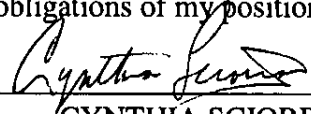
The mailing address and street address of the principal office of the Limited Liability Company is: 405 E. WAVERLY PLACE, #2A, VERO BEACH, FLORIDA 32960

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

CYNTHIA SCIORRA
405 E. WAVERLY PLACE, #2A
VERO BEACH, FLORIDA 32960

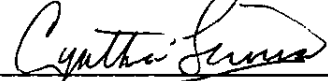
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..


CYNTHIA SCIORRA


ARTICLE IV- Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager- managed company.

(An additional article must be added if an effective date is requested)


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.)


CYNTHIA SCIORRA
Typed or printed name of signee

FILING FEES:

- \$100.00 Filing Fee for Articles of Organization
- \$25.00 Designation of Registered Agent
- \$30.00 Certified Copy (Optional)
- \$5.00 Certificate of Status (Optional)

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