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C. LEWIS

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EXAMINER

## **COVER LETTER**

	TO:	Registration Section Division of Corporations						
4	SUBĴE	CT: FELIX LAW GROUP, LLC  Name of Limited Liability Company						
	The enclosed Articles of Organization and fee(s) are submitted for filing.							
	Please re	eturn all correspondence concerning this matter to the following:						
		AEGEAN JORDAN FELIX  Name of Person	_					
		Name of Person						
	-	FELIX LAW GROUP, LLC Firm/Company	-					
		· · · · · · · · · · · · · · · · · · ·	·					
	_	12374 SAND PINE CT. Address	-					
		Address						
		JACKSONVILLE, FL 32226						
		City/State and Zip Code						
	SACKSOVILLE, FL 32226  City/State and Zip Code  Felixlawagoup@ymail.com  E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:								
	AEGEA	Name of Person at (904) 493-1009  Area Code & Daytime Telephone Number						
	Enclose	d is a check for the following amount:						
] \$	S125.00	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)						
		Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle						

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

FEUX LAW GROUP, LLC (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12374 SAND PWE CT.  JACKSONVILLE, FL 32276  ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the re	
AEGEAN JORDAN FEU Name	CRETARY LAHASSI
	CT. ress (P.O. Box NOT acceptable)
JACKSONVILLE FL City, Sta	FL 32276

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.

Acaean Jordan taly Registered Agent's Signature (REQUIRED)

(CONTINUED)

THEO

The name and address of each Manag	er or Managing Member is as follows:	2011 HAY 15	RH ilk
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY FALLIAHASSE	O∰STA ErFLOR
MGRM	AEGERN JORDAN FELLY		
	AEGEAN JORDAN FELLY 12374 SAND PINE CT.		
	JACKSONVILLE, FL 32226	<u> </u>	
(Use attachment if necessary)			
CLE V: Effective date, if other than the effective date is listed, the date must be	date of filing:e specific and cannot be more than five	(OPTIONAL e business davs	.) prior
0 days after the date of filing.)	•	•	
REQUIRED SIGNATURE:			
- <u>Algaur</u> Signature of a membe	Jos day Fell r or an authorized representative of a memb	oer.	
(In accordance with section 608	.408(3), Florida Statutes, the execution of this	document	

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)

AEGEAN JORDAN FELLX
Typed or printed name of signee

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