

L11000074428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

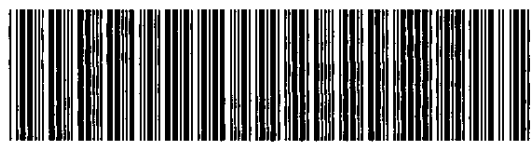
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06/03/11--01011--006 **78.75

06/16/11--01020--009 **46.25

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11 JUN 16 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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21000030712

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Robert J. Fraxedas, P.L.L.C.
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:

Robert J. Fraxedas
Name of Person

Robert J. Fraxedas, P.L.L.C.
Firm/Company

5401 S. Kirkman Rd. Ste. 310
Address

Orlando, FL 32819
City/State and Zip Code

~~fraxedas~~ rfrax79@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert J. Fraxedas at (407) 443.3946
Name of Person 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)

☒ other amount

see

correspondence

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Robert J. Froxedas, P.L.L.C.

(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:

5401 S. Kirkman Rd.

Suite 310

Orlando, FL 32819

Mailing Address:

5401 S. Kirkman Rd.

Suite 310

Orlando, FL 32819

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:

Robert J. Froxedas

Name

5401 S. Kirkman Rd. Suite 310

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

Orlando FL 32819

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

MGRM

Name and Address:

Robert J. Fraxedas
5401 S. Kirkman Rd. Suite 310
Orlando, FL 32819

(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.)

Purpose: Practice to law

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.)

Robert J. Fraxedas

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)

Robert Fraxedas

4342 Blue Major Drive
Windermere, FL 34786

T 407-443-3946

rfraxedas@gmail.com

June 13, 2011

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

Enclosed please find the proposed articles of organization for Robert J. Fraxedas, PLLC, together with a check for \$46.25. Please apply this amount to reference number W11000030712. By way of explanation, I sent in proposed articles of incorporation for Robert J. Fraxedas, P.A., but decided to change the business to a PLLC for tax reasons before processing was complete, as the Division's notes should reflect. Thank you very much for your attention to this matter, and please to not hesitate to contact me at the number above if there are any problems.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Robert Fraxedas', with a stylized flourish at the end.

Robert Fraxedas