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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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SEURLIARY OF STATE
MIN MIASSEE, FLORID

K. SALY EXAMINER JUL 6 2011

COVER LETTER

TO:	Registration Sec Division of Corp		
SUBJE	ccr. Above	All Legal	
50001			ed Liability Company
The en	closed Articles of (Organization and fee(s) are s	submitted for filing.
Please	return all correspor	ndence concerning this matt	er to the following:
	Brian Man	gines	
	•		Name of Person
	Above All	Legal	<u>. </u>
			Firm/Company
	7777 Glad	es Road, Suite 1	00
			Address
1	Boca Raton,		
		·	y/State and Zip Code
	brian@mang		or future annual report notification)
For fur	ther information co	oncerning this matter, please	e call:
Briar	n Mangines		at (561) 245-4709
	Name of	Person	Area Code & Daytime Telephone Number
Enclos	sed is a check for	the following amount:	
] \$125.00	Filing Fee 🔽	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RT	TOI	\mathbb{R}^{-1}	I _ I	Nam	۵.

The name of the Limited Liability Company is:

Above All Legal, LLC.

(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:	Mailing Address:
7777 Glades Road	7777 Glades Road
Suite 100	Suite 100
Boca Raton, FL 33434	Boca Raton, FL 33434

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:

Brian Mangines
Name

7777 Glades Road, Suite 100

Florida street address (P.O. Box \underline{NOT} acceptable)

Boca Raton

FL 33434

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 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MR iR" \$ Mignager	Name and Address:
"MGR" = Manager "MGRM" = Managing Mer	nber
_	
MGRM	Mary Mangines
	7777 Glades Road, Suite 100
	Boca Raton, FL 33434
MGRM	Brian Mangines
	7777 Glades Road, Suite 100
	Boca Raton, FL 33434
(Use attachment if necessar	v)
(Use attachment if necessar	y)
(Use attachment if necessar	er than the date of filing: (OPTION
LE V: Effective date, if other fective date is listed, the date days after the date of filing	er than the date of filing: (OPTION te must be specific and cannot be more than five business day.)
LE V: Effective date, if othe fective date is listed, the date days after the date of filing REQUIRED SIGNATUR	er than the date of filing: (OPTION ate must be specific and cannot be more than five business day.) E:
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATUR	er than the date of filing: (OPTION te must be specific and cannot be more than five business day.)
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATUR Signature (In accordance with constitutes an affirm aware that any	er than the date of filing: (OPTION ate must be specific and cannot be more than five business day.) E:

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)