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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

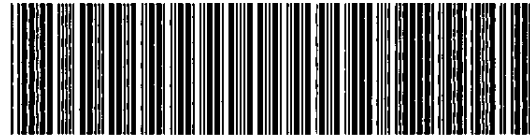
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/31/11--01007--013 **160.00

EFFECTIVE DATE 08-29-11

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11 AUG 31 PM 12:56
SECURITY, UT STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP - 1 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NYT Law Group, PLLC
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:

Rohom Khonsari

Name of Person

Firm/Company

14004 Roosevelt Blvd, Suite 613

Address

Clearwater, FL 33762

City/State and Zip Code

rk@nytlawyers.com

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

For further information concerning this matter, please call:

Rohom Khonsari

Name of Person

at (**727**) **631-2369**

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

11 AUG 31 PM 12:56
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 29, 2011

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

SPECIFIC PURPOSE

To whom it may concern:

The general nature of the NYT Law Group, PLLC will be a law practice. Please contact me at 727-631-2369 if you require any further details. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to be 'Rohom Khonsari', written over a horizontal line.

Rohom Khonsari

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NYT Law Group, PLLC

(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:

14004 Roosevelt Blvd.
Suite 613
Clearwater, FL 33762

Mailing Address:

14004 Roosevelt Blvd.
Suite 613
Clearwater, FL 33762

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:

Rohom Khonsari

Name

14004 Roosevelt Blvd. Suite 613

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

Clearwater FL 33762

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

Name and Address:

MGR

Rohom Khonsari

14004 Roosevelt Blvd, Suite 613

Clearwater, FL 33762

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

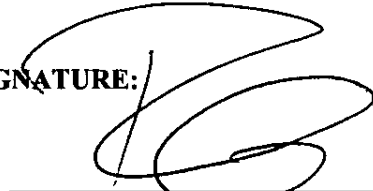
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/29/11. (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.)

Rohom Khonsari
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)