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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

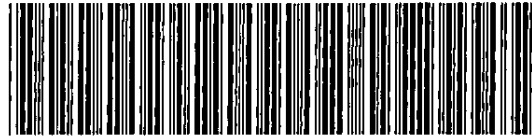
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

T. CLINE  
SEP - 1 2011  
EXAMINER

FILED  
11 SEP - 1 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 1, 2011

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida, 32301

SUBJECT: LAW OFFICES OF SEAN T. DESMOND, P.L.

To Whom It May Concern:

The enclosed Articles of Organization and fee are submitted for filing. Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$155.00	<input type="checkbox"/> \$160.00
Filing Fee	Filing Fee and Certificate of Status	Filing Fee and Certified Copy	Filing Fee, Certified Copy, and Certificate of Status

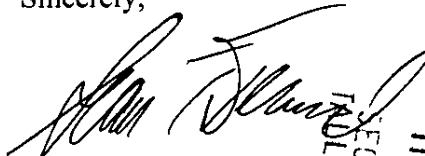
Please return all correspondence concerning this matter to the following:

Sean T. Desmond  
810 Thomasville Road  
Tallahassee, Florida 32303

For further information concerning this matter, please call:

Sean T. Desmond at 850-212-6293.

Sincerely,



Sean T. Desmond

Enclosures

11 SEP - 1 PM 3 30  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR  
FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Professional Limited Liability Company is:

**LAW OFFICES OF SEAN T. DESMOND, P.L.**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Professional Limited Liability Company is:

**Principal Office Address:**

810 Thomasville Road  
Tallahassee, FL 32303

**Mailing Address:**

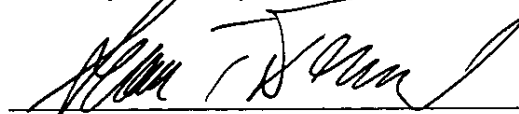
810 Thomasville Road  
Tallahassee, FL 32303

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

SEAN T. DESMOND  
810 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303

*Having been named as registered agent and to accept service of process for the above stated professional 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

**ARTICLE IV – Managing Member:**

The name and address of each Manager or Managing Member is as follows:

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TALLAHASSEE, FLORIDA

**Title:**

MGRM

**Name and Address:**

Sean T. Desmond  
810 Thomasville Road  
Tallahassee, FL 32303

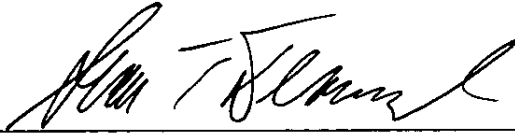
**ARTICLE V – Purpose:**

The Purpose of the Professional Limited Liability Company is to provide legal services.

**ARTICLE VI – Effective Date:**

The Effective Date is the date of filing or September 1, 2011.

**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.

Sean T. Desmond  
Typed or printed name of signee

DATED this 1<sup>st</sup> day of September, 2011.

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