

L120000006648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

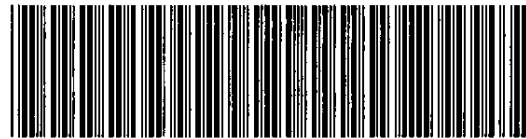
(Business Entity Name)

(Document Number)

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

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Office Use Only



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12/09/11--01018--015 \*\*125.00

Effective Date 01/01/12

FILED  
2011 DEC -9 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Will-6/891

J. BRYAN

JAN 13 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 12, 2011

SUSAN J BEST  
COHEN & BEST PA  
5430 STRICKLAND AVE  
LAKELAND, FL 33812-4264

SUBJECT: BEST LAW PA LLC  
Ref. Number: W11000061891

FILED  
2011 DEC - 9 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for BEST LAW PA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "PA." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

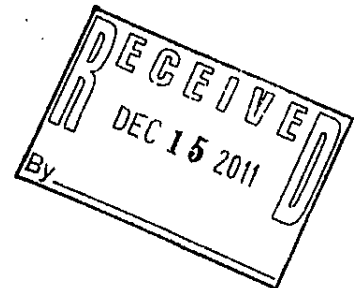
The name of a professional limited liability company must end with P.L., P.L.C., P.L.L.C., PL, PLC, PLLC, PROFESSIONAL LIMITED COMPANY, CHARTERED, or PROFESSIONAL LIMITED LIABILITY COMPANY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 711A00027633



[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**Best Law PLLC**  
*Susan J. Best - Attorney at Law*

5430 Strickland Avenue – Lakeland, Florida 33812  
www.cohenbestlaw.com

Phone 863.646.7636  
Fax 863.648.0983

January 9, 2012

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
2011 DEC -9 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: BEST LAW PA LLC/BEST LAW PLLC  
REF. NO.: W11000061891

I am writing this letter in response to your letter to me dated December 12, 2011, concerning Best Law PA LLC. Please note that the principal is the same in both Best Law PA and Best Law PLLC. The entity "Best Law PA" has been closed. Pursuant to your instructions, along with this letter, I am including the Articles of Administration for Best Law PLLC and your letter of December 12, 2011 (Letter Number 711A00027633).

If there is anything further that I need to do at this point, please let me know. Thank you for your assistance.

Yours truly,

  
Susan J. Best

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **BEST LAW 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:

**SUSAN J BEST**

Name of Person

**COHEN & BEST PA**

Firm/Company

**5430 STRICKLAND AVE**

Address

**LAKELAND, FL 33812-4264**

City/State and Zip Code

**BESTLAW3@VERIZON.NET**

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

For further information concerning this matter, please call:

**SUSAN J BEST**

Name of Person

at ( **863** )

**646-7636**

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

NOTE: THESE ARE THE CORRECTED ARTICLES OF ORGANIZATION THAT WERE REQUESTED BY YOUR OFFICE, SEE ATTACHED LETTER FROM THE FLORIDA DEPARTMENT OF STATE DATED 12/12/2011. CONSEQUENTLY, NO PAYMENT IS ENCLOSED, AS WE ALREADY PAID THE \$125.00 FILING FEE WITH THE ORIGINAL ARTICLES OF ORGANIZATION WE RECENTLY FILED IN EARLY DECEMBER 2011.

FILED  
2011 DEC -9 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**BEST LAW 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:**

5430 STRICKLAND AVE  
LAKELAND, FL 33812-4264

**Mailing Address:**

5430 STRICKLAND AVE  
LAKELAND, FL 33812-4264

**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:

Effective Date 01/01/12

**SUSAN J BEST**

Name

**5430 STRICKLAND AVE**

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

**LAKELAND**

**FL 33812-4264**

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)

**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:**

MGRM \_\_\_\_\_

SUSAN J BEST  
4821 E COUNTY ROAD 542  
LAKE LAND, FL 33801-9528

\_\_\_\_\_

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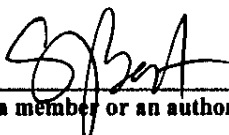
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TALLAHASSEE, FLORIDA

**PROVISION OF LEGAL SERVICES.**

**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2012 (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.)

**SUSAN J BEST**

\_\_\_\_\_  
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)**