

L12000023528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

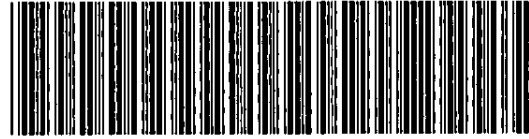
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 17 AM 8:47

FEB 20 2012

T. HAMPTON

18977617

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Reid Law Firm, P.L.
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:

Jason Michael Reid

Name of Person

The Reid Law Firm, P.L.

Firm/Company

P.O. Box 3131

Address

Orlando, FL 32802-3131

City/State and Zip Code

thereidlawfirm@gmail.com

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

For further information concerning this matter, please call:

Jason Michael Reid

Name of Person

at (785)

249-0498

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 FEB 17 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 23, 2012

JASON MICHEAL REID
THE REID LAW FIRM PL
P O BOX 3131
ORLANDO, FL 32802-3131

SUBJECT: THE REID LAW FIRM, PROFESSIONAL LIMITED LIABILITY
COMPANY
Ref. Number: W12000004081

We have received your document for THE REID LAW FIRM, PROFESSIONAL LIMITED LIABILITY COMPANY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 612A00001554

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: The Reid Firm, Professional Limited Liability Company

(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:

135 E. Amelia St., #2
Orlando, FL 32801-1526

Mailing Address:

P.O. Box 3131
Orlando, FL 32802-3131

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:

Jason Michael Reid
135 E. Amelia St., #2
Orlando, FL 32801-1526

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)

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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Jason Michael Reid
135 E. Amelia St., #2
Orlando, FL 32801-1526

(Use attachment if necessary)

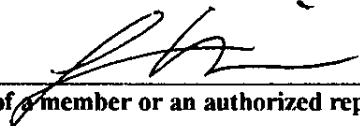
ARTICLE V: Effective date, if other than the date of filing: N/A. (OPTIONAL)

(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.)

ARTICLE VI – Purpose:

The Nature of the business is any lawful purpose, specifically to provide professional legal services to the public.

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.)

Jason Michael Reid

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)

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