

L120000024399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700219793187

02/03/12--01010--023 **125.00

FILED
2012 FEB 17 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
FEB 20 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name:

Company Name: THE IVANOR LAW FIRM, LLC

Address: 390 N ORANGE AVE., STE 2300

City, State, Zip Code: ORLANDO, FL 32801

Email Address: CIVANOR@IVANORLAW.COM

For further information concerning this matter, please call:

Name: CARLOS IVANOR

Telephone No: 407-255-2065

Enclosed is a check for the following amount: \$125.00

Mailing Address: Registration Section
Division of Corporations
P O Box 6327
Tallahassee, FL 32301

FILED
2012 FEB 17 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Ivanor Law Firm, L.L.C.

(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:

390 N. Orange Ave
Ste. 2300
Orlando, FL 32801

Mailing Address:

390 N. Orange Ave
Ste. 2300
Orlando, FL 32801

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:

Beatriz Ivanor
Name

9171 Montevello Dr.
Florida street address (P.O. Box **NOT** acceptable)
Orlando FL 32818
City, State, and Zip

FILED
2012 FEB 17 AM 9:14
SECRETARY OF STATE
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

MGRM

Name and Address:

CARLOS IVANOR

390 N. ORANGE AVE

STE 2300 Orlando, FL 32801

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 17 AM 9:14

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

C. A. Ivanor

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.)

CARLOS IVANOR

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)