

L12000058068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

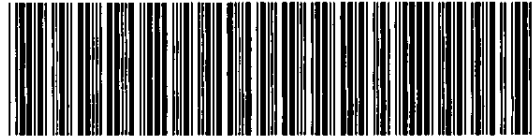
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MAY - 2 2012

EXAMINER



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04/27/12--01029--006 \*\*155.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY - 1 AM 9:08

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Naples Abogados Inmigracion, 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:

Peter J. Loughlin

Name of Person

Goldman & Loughlin, PLLC

Firm/Company

4100 Corporate Square Blvd, Suite 163

Address

Naples, Florida 34104

City/State and Zip Code

peter@usimmigrationtam.com

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

For further information concerning this matter, please call:

Peter J. Loughlin

Name of Person

at ( 239 ) 643-5529

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

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 MAY -1 AM 9:38



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 30, 2012

PETER J. LOUGHLIN  
GOLDMAN & LOUGH LIN, PLLC  
4100 CORPORATRE SQUARE BLVD, SUITE 163  
NAPLES, FL 34104

SUBJECT: NAPLES ABOGADOS INMIGRACTION, PLLC  
Ref. Number: W12000023650

12 MAY - 1 AM 9:38  
RECEIVED  
DIVISION OF CORPORATIONS  
FILED  
NAPLES, FLORIDA

We have received your document for NAPLES ABOGADOS INMIGRACTION, PLLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

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) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 012A00013018

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Naples Abogados Inmigracion, PLLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

The company will engage in the practice of immigration law.

### ARTICLE II - Address:

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

#### Principal Office Address:

4100 Corporate Square Blvd.

Suite 161

Naples, Florida 34104

#### Mailing Address:

4100 Corporate Square Blvd.

Suite 161

Naples, Florida 34104

### 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:

Daniel A. Smith

Name

2249 River Reach Drive

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

Naples

FL 34104

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

Peter J. Loughlin

543 Henley Drive

Naples, Florida 34104

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

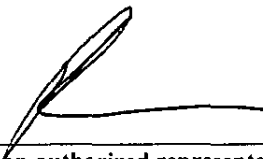
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\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: May 1, 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.)

Peter J. Loughlin

\_\_\_\_\_  
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)