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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE

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EXAMINER

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations				
<sub>SUBJECT:</sub> Meadors Family L	aw, L.L.C.			
	imited Liability Comp	any		
The enclosed Articles of Organization and fee(s)	are submitted for filin	g.		
Please return all correspondence concerning this	matter to the following	j:		
Michael Meadors				
	Name of Person			
Meadors Family Law	, L.L.C.			
	Firm/Company			
500 E. University Ave	e. Suite B			
<u> </u>	Address			
Cainagaille Floride 20004			<del></del>	
Gainesville, Florida 32601	City/State and Zip Code	e	<del></del>	
Mjmeadors@aol.com		-	JUN AHA AHA	"]]
	sed for future annual rep	ort notification)	SSE 4	-
For further information concerning this matter, pl	lease call:		0	
Michael Meadors	252	040 4000	MIII: 21 OF STATE	$\overline{\mathcal{O}}$
Name of Person	at (352	213-1069 & Daytime Telephone Numb	RATE OF	
/ Common of Foldon	Thea cour	to Daytime Telephone Ivame	70. <u>22.</u>	
Enclosed is a check for the following amount	ı:			
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status		py Certifica y is enclosed) Certified	Filing Fee, ate of Status & Copy Is enclosed)	1
Mailing Address Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Registrations Division Clifton B	ourier Address ion Section of Corporations suilding ecutive Center Circle see, FL 32301		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TICL	EΙ	- Nam	e
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The name of the Limited Liability Company is:

# Meadors Family Law, 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:	Mailing Address:	
Meadors Family Law, L.L.C.	Meadors Family Law, L.L.C.	
500 E. University Ave. Suite B	500 E. University Ave. Suite B	
Gainesville, FL 32601	Gainesville, FL 32601	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)  The name and the Florida street address of the Michael Meadors	registered agent are:	12 JUN -4
Name	ne Time	
500 E. University	y Ave. Suite B	
Florida street ac	ddress (P.O. Box NOT acceptable)	₽ P
Gainesville	<sub>FL</sub> 32601	
City, S	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..

Reg stered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Michael Meadors 500 E. University Ave. Suite B Gainesville, FL 32601
<del></del>	· · · · · · · · · · · · · · · · · · ·
·	
	an the date of filing: (OPTIONAL)
or 90 days after the date of filing.)	ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:  Signature of a m	nember or an authorized representative of a member.
constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
— Mich.	Typed or printed name of signee
\$125.00 Filing Fee for Articles of of Registered Agent	Organization and Designation

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)