

L12000157191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

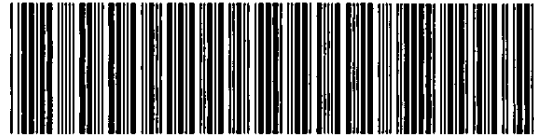
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AND
FILED

12 DEC 17 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 17 2012

EXAMINER

W12-100118



656 WEST GARDEN STREET, PENSACOLA, FL 32502
P.O. Box 1830, PENSACOLA, FL 32591
P: 850.469.1313 F: 850.469.1667
WWW.HURTCALLBURTT.COM

MICHAEL S. BURTT ATTORNEY CHRISTOPHER M. VLACHOS ATTORNEY
MICHAEL@BVSLAW.NET CHRIS@BVSLAW.NET

December 12, 2012

Ms. Deborah Bruce
Regulatory Specialist II
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Christopher M. Vlachos, PLLC
Ref. Number: W12000060118

Dear Ms. Bruce:

Thank you for your correspondence dated December 3, 2012 in the above referenced entity.

As requested, the specific purpose of the Christopher M. Vlachos, PLLC entity will be to practice law in the State of Florida. Also, in Article V: the effective date will be January 1, 2013.

If you are in need of anything further, please do not hesitate to contact me at 850-469-1313.

Sincerely,

Christopher M. Vlachos

CMV/kb
Enclosure

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2012

CHRISTOPHER M. VLACHOS
656 WEST GARDEN STREET
PENSACOLA, FL 32502

SUBJECT: CHRISTOPHER M. VLACHOS, PLLC
Ref. Number: W12000060118

We have received your document for CHRISTOPHER M. VLACHOS, PLLC and your check(s) totaling \$130.00. 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 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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 912A00028658

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Christopher M. Vlachos, 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:

Christopher M. Vlachos

Name of Person

Christopher M. Vlachos, PLLC

Firm/Company

656 West Garden Street

Address

Pensacola, FL 32502

City/State and Zip Code

cvlachos@mchsi.com

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

For further information concerning this matter, please call:

Christopher Vlachos at (850) 469-1313

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Christopher M. Vlachos, 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:

656 West Garden Street
Pensacola, FL 32502

Mailing Address:

Same as Principal Office

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:

Christopher M. Vlachos

Name

656 West Garden Street

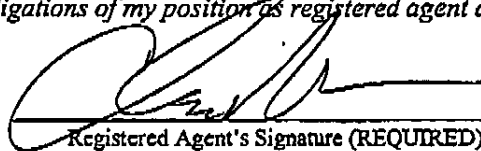
Florida street address (P.O. Box NOT acceptable)

Pensacola FL 32502

City, State, and Zip

12 DEC 17 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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AND
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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:

Manager

Christopher M. Vlachos

656 West Garden Street

Pensacola FL 32502

(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:



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.)

Christopher M. Vlachos

Typed or printed name of signer

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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TALLAHASSEE, FLORIDA

ARTICLE VI: PURPOSE CLAUSE

This LLC is formed for any or all lawful business for which Limited Liability Companies may be organized under this ACT and more specifically as a law practice.

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TALLAHASSEE, FLORIDA