

L13000058352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

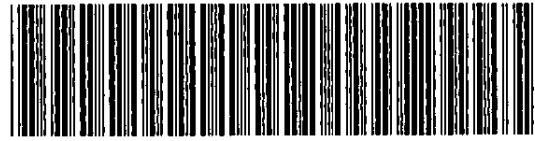
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
FAX  
Ack # 239-204-4313

Office Use Only



700246640327

Effective Date 4-12-13

04/11/13--01027--001 \*\*130.00

FILED  
2013 APR 11 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
APR 22 2013

(850) 245-6051.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Neighbors Law + Mediation 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:

Walter Z. Neighbors  
Name of Person

Neighbors Law + Mediation PLLC  
Firm/Company

5425 Park Central Court  
Address

Naples, Florida, 34109  
City/State and Zip Code

NeighborMediation@gmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Walter Neighbors at ( 239 ) 777-6629  
Name of Person 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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Neighbors Law + Mediation 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:**

**Mailing Address:**

5425 Park Central Ct.  
Naples, FL 34109

5425 Park Central Ct.  
Naples, FL 34109

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

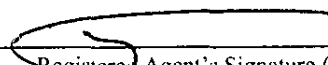
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Walter Z. Neighbors  
Name  
5425 Park Central Ct.  
~~2130 H~~  
Florida street address (P.O. Box **NOT** acceptable)  
Naples FL 34109  
City, State, and Zip

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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:**

MGRM

Walter Z. Neighbors  
5425 Park Central Ct.  
Naples, FL 34109

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STATE OF FLORIDA  
DEPARTMENT OF STATE  
FALL PALM BEACH, FLORIDA

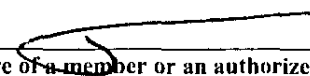
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: April 12, 2013. (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.)

Walter Z. Neighbors  
\_\_\_\_\_  
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)

# FACSIMILE TRANSMISSION

To:

From: Walter Neighbors

Neighbors Law + Mediation

5425 Park Central Court

naples

FL 34109

Phone:

Phone: (239) 204-4311 \* 101

Fax Phone: +1 (850) 245-6030

Fax Phone: (239) 204-4311

**Note:**

This fax is in response to a correction in my filing. I have added Article II (b)- Purpose on the document, to conduct the practice of law. Let me know if this works.

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CLERK OF STATE  
FALL AHSSEFFI 0210/A

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Date: 4/22/2013

Pages: 4