

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name : PETER J BOWERS PA

Account Number : 120130000066 Phone

: (561)245-1503

Fax Number

: (561)431-6119

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Rmail Address:

FLORIDA LIMITED LIABILITY CO.

Polaris Legal Group PLLC

Certificate of Status	0
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Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Polaris Legal Group PLLC (The business purpose for which this company is organized is to provide legal services as a law firm.)

(Must end with the words "Limited Liability Company, "LL.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:
1515 S Federal Hwy	Ste 305	
Boca Raton FL 334:	31	
ARTICLE III -	Registered Agent, Register	ed Office, & Registered Agent's Signature:
The Limited Liability business entity with a	Company cannot serve as its own Reg an active Florida registration.) e Florida street address of the	gistered Agent. You must designate an Individual or another
The Limited Liability business entity with a	Company cannot serve as its own Reg an active Florida registration.) e Florida street address of the Peter J Bowers PA	gistered Agent. You must designate an Individual or another c registered agent are:
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The Limited Liability business entity with a	Company cannot serve as its own Reg an active Florida registration.) e Florida street address of the Peter J Bowers PA Nan 1515 S Federal Hwy Ste 305	gistered Agent. You must designate an individual or another coregistered agent are:

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.

City, State, and Zip

Registered Agent' Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
moral managing monton	
MGR	Peter J Bowers PA
	1515 S Federal Hwy Suite 305
	Boca Raton FL 33432
Use attachment if necessary) LE V: Effective date, if other than the	te date of filing: August 1, 2013 (OPTIONAl to the specific and cannot be more than five business.)
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