

#L13000112071

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG - 8 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2013

BRIAN LAIRD
4506 SE 7TH PL
OCALA, FL 34471

SUBJECT: THE LAW OFFICE OF BRIAN LAIRD, P.L.
Ref. Number: W13000040036

We have received your document for THE LAW OFFICE OF BRIAN LAIRD, P.L. 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.

You will have to add an additional article to state the purpose of the P.L.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 113A00017292

Brian Laird
4506 SE 7th PL
Ocala, FL 34471

July 31st, 2013

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314 2661

Karen A Saly,

Enclosed is my returned document, reference number: W13000040036, with the addition of Article VI, which states the purpose of the P.L.

Thank you,

Brian Laird

(850) 245-6051

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Law Office of Brian Laird, P.L.
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:

Brian Laird

Name of Person

Firm/Company

4506 SE 7th PL

Address

Ocala/FL 34471

City/State and Zip Code

ibtiger323@hotmail.com

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

For further information concerning this matter, please call:

Brian Laird

Name of Person

at **(352) 274-8286**

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:

The Law Office of Brian Laird, P.L.

(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:

4506 SE 7th PL

Ocala, FL 34471

Mailing Address:

4506 SE 7th PL

Ocala, FL 34471

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:

Brian Laird

Name

4506 SE 7th PL


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

Ocala, FL 34471

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

Brian Laird

4506 SE 7th PL

Ocala, FL

(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.)

Brian Laird

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)

ARTICLE VI: Specific purpose of the entity: Practice of Law