

L13000123062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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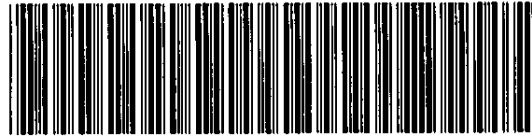
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE

9-1-13

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 AUG 30 PM 12:14
ALL INFORMATION
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
APPROVED
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2013 AUG 30 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 30 2013

EXAMINER

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bunton Law Firm, 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:

Samuel Dean Bunton

Name of Person

Bunton Law Firm, P.L.

Firm/Company

P.O. Box 180336

Address

Tallahassee, FL. 32318

City/State and Zip Code

deanbuntonlegal@comcast.net

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

For further information concerning this matter, please call:

Samuel Dean Bunton at **(850) 510-0598**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

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TALLAHASSEE
FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bunton Law Firm, 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:

9531 Buck Haven Trail

Tallahassee, FL. 32312

Mailing Address:

P.O. Box 180336

Tallahassee, FL 32318

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:

John H. Chason, III

Name

9531 Buck Haven Trail

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

Tallahassee, FL 32312


City, State, and Zip

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TALLAHASSEE, FLORIDA

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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)

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM Samuel D. Bunton
P.O. Box 180336
Tallahassee, FL. 32318

(Use attachment if necessary)

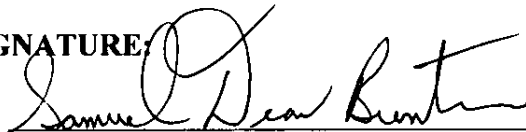
ARTICLE V: Effective date, if other than the date of filing: September 1, 2013. (OPTIONAL)

(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.)

ARTICLE IV: This Company is organized to practice law, and to provide business consulting related services.

ARTICLE VI: This Company is formed pursuant to the Professional Service Corporation Limited Liability Act, Chapter 621, Florida Statutes, and the Florida Limited Liability Company Act, Chapter 608, Florida Statutes. The company shall be vested with all powers, duties, authorities, rights privileges as provided pursuant to these Acts.

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.)

Samuel Dean Bunton

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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