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EFFECTIVE DATE 11-01-13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 OCT 22 PM 4:07

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B. BOSTICK

OCT 23 2013

EXAMINER

(850) 245-6051.

### COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Julien Hope Law, LLC  
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:

Kennetha Julien  
Name of Person

Julien Hope Law, LLC  
Firm/Company

822 N. AIA Highway, Suite 310  
Address

Jacksonville, FL 32082  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kennetha Julien at (303) 884-5513  
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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Julien Hope Law, LLC

(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:

822 N. A1A Highway  
Suite 310  
Jacksonville, FL 32082

#### Mailing Address:

822 N. A1A Highway  
Suite 310  
Jacksonville, FL 32082

### 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:

Kennetha Julien

Name

822 N. A1A Highway, Suite 310

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

Jacksonville, FL 32082

City, State, and Zip

SECRETARY OF STATE  
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..*

Kennetha Julien

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

Kennetha Julien  
822 N. AIA Highway, Ste 310  
Jacksonville, FL 32082

MGR

Bebekah Gleason Hope  
822 N. AIA Highway, Ste 310  
Jacksonville, FL 32082

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: November 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.)

**REQUIRED SIGNATURE:**

Kennetha Julien  
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.)

Kennetha Julien  
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)**

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TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE