

L14000024258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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02/10/14--01013--013 **125.00

EFFECTIVE DATE

2/5/14

FILED
2014 FEB 10 AM 10:54
SECOND FLOOR OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan FEB 12 2014

Law Office of Erik Roskopf, P.A.

P.O. Box 600799
Jacksonville, FL 32260
p: (904) 422-4323
f: (866) 924-1342
Erik@1stcoastlaw.com

February 5, 2014

By U.S. Mail

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

Re: Formation of: Century Law Firm, LLC

Dear Sir/Madam:

Enclosed are the Articles of Incorporation for the formation of Century Law Firm, LLC along with a check from the promoter for \$125.00 filing fee.

Should you require any additional information, please do not hesitate to contact me at (904) 422-4323 or by mail at PO Box 600799, Jacksonville, FL 32260.

Sincerely,

A handwritten signature in black ink, appearing to read "Erik Roskopf", with a stylized flourish at the end.

Erik Roskopf
Promoter for Applicant

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Century Law Firm, 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:

Erik Roskopf
Name of Person

Law Office of Erik Roskopf, PA
Firm/Company

PO Box 600799
Address

Jacksonville, FL 32260
City/State and Zip Code

erik@1stCoastlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erik Roskopf at (904) 422-4323
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" 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 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Century Law Firm, 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:

Mailing Address:

1591 Scottridge Lane
Jacksonville, FL 32259

PO Box 600799
Jacksonville, FL 32260

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:

Erik Roskopf

Name

1591 Scottridge Lane

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

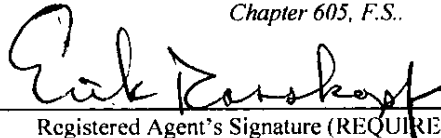
Fruit Cove

FL 32259

City

Zip

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Erik Roskopf

1591 Scottridge Lane

Fruit Cove, FL 32259

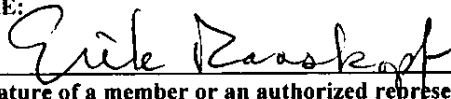
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/5/2014 (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 VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Erik Roskopf

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 FEB 10 AM 10:54

FILED

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)