

214000041260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

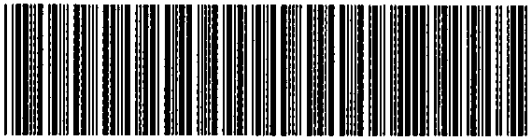
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAR 11 2014  
D. BRUCE

**JOSEPH G. SCONE**

11141 English Moss Lane, Jacksonville, Florida 32257 • (904) 463-6133 • [Joseph.Scone@gmail.com](mailto:Joseph.Scone@gmail.com)

December 10, 2013

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Articles of Organization, Letter # 513A00027544

Dear Ms. Bruce,

Thank you for taking my call yesterday. I appreciate your assistance. I am resubmitting the Articles of Organization for the Law Office of Joseph Scone, PLLC. The purpose has been added and all other language is the same as the original. If I missed any corrections please contact me via email at [joseph.scone@gmail.com](mailto:joseph.scone@gmail.com), or telephone at (904)463-6133.

Respectfully Submitted,



Joseph G. Scone  
11141 English Moss Lane  
Jacksonville, FL 32257  
(904) 463-6133

Encl.

Articles of Organization (2)  
Copy of Letter # 513A00027544

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 3, 2013

JOSEPH SCONE  
11141 ENGLISH MOSS LANE  
JACKSONVILLE, FL 32257-1557

SUBJECT: LAW OFFICE OF JOSEPH SCONE, PLLC  
Ref. Number: W13000066099

We have received your document for LAW OFFICE OF JOSEPH SCONE, PLLC and your check(s) totaling \$125.00. 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 513A00027544

RECEIVED  
TALLAHASSEE  
FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Law Office of Joseph Scone, PLLC  
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:

Joseph Scone  
Name of Person

Firm/Company

11141 English Moss Lane  
Address

Jacksonville, Florida 32257  
City/State and Zip Code

joseph.scone@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Scone at ( 904 ) 463-6133  
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

STATE OF FLORIDA  
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:

Law Office of Joseph Scone, PLLC

(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:

3119 Spring Glen Road, Suite 109  
Jacksonville, Florida 32207

11141 English Moss Lane  
Jacksonville Florida 32257

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:

Joseph Scone

Name

11141 English Moss Lane

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

Jacksonville

FL 32257

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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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Joseph Scone  
11141 English Moss Lane  
Jacksonville, FL 32257


(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.)

**ARTICLE VI:** Other provisions, if any.

The purpose of this Professional Limited Liability Company is any lawful activity related to providing  
professional legal services.

**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.)

Joseph Scone  
Typed or printed name of signer

**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