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(Req	uestor's Name)	
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1. Charges MAR 1 8 2014:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MEMBER LAW. LLC Name of Limit	ited Liability Company
The enclosed Articles of Organization and fee(s) are	
Please return all correspondence concerning this ma	lter to the following:
Pater A. DeSantis	Name of Person
	Pirm/Company
235 West Brandon Blvd., #191	Address
	Larri em
Brandon, Florida 33511	
Cl	ty/State and Zip Code
mamberlawllc@pmail.com	
mambariawlic@omail.com E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, plea	so call:
	759-2878
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$125.00 Filing Fee	Certified Copy (additional copy is enclosed) S160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MEMBER LAW. LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal officers.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1804 West Baker Street, Suite G Plant City, Florida 33563	235 West Brandon Blvd., #191 Brandon, Florida 33511
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Chandra R. Law	This
Name	
1804 West Baker Street, Sulte	
Florida street address (P.O. Box I	
Plant City	FL 33563 CAN TO THE STATE OF TH
City	Zlp DE E
the place designated in this certificate, I persby accept to capacity. I further agree to comply with the provisions of	
(CONTINUE	D)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	,
AMBR	Peler DeSantis	
	6967 Heartland Circle Tellahassae, Florida 32312	
Name that the contract of the		

(Use attachment if necessary) ICLE V: Effective date, if other than the date of the control of	of filing:	liove after
ICLE V: Effective date, if other than the date o	of filing:, (OPTIONAL) tific and cannot be more than five business days prior to or 91	days after
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ICLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filling.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (in accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	tific and cannot be more than five business days prior to or 9th the prior of an authorized representative of a member. [.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, that the penalties of perjury that the facts stated herein are true, as provided for in a second for in s.817.155, F.S.)	14 KZ 17 JAII.
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