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(Re	equestor's Name)	
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K.SALY EXAMINER APR - 3 2014

COVER LETTER

Division of (Corporations		,
SUBJECT: LegalC	QuestionOnline.com, LLC Name of Lin	nited Liability Company	
The enclosed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
<u>Edward</u>	M. Shahady	Name of Person	
<u>Edward</u>	M. Shahadv, PA	Firm/Company	
<u>8676 Gr</u>	iffin Road	Address	
Cooper (City, FL 33328	ity/State and Zip Code	
attomey-at-law	@hotmail.com E-mail address: (to be used	for future annual report notifica	ition)
For further information	on concerning this matter, plea	se call:	
<u>Edward M. Shahad</u> Nar	y at (5	661 <u>800-2210</u> Area Code Daytime Te	lephone Number
Enclosed is a check for	or 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LegalQuestionOnline.com, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8676 Griffin Road Cooper City, FL 33328	8676 Griffin Road Cooper City. FL 33328
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
Edward M. Shahady Name	NOT acceptable) FL 33328 Zip
8676 Griffin Road Florida street address (P.O. Box	NOT acceptable)
Cooper City,	FL 33328 Zip Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in the proper and complete performance gations of my position as registered agent as provided for in the transfer of the proper and complete performance gations of my position as registered agent as provided for in the transfer of the proper and complete performance gations of the performance gations of
(CONTINUE	CD)

Page 1 of 2

<u>Fitle:</u> 'AMBR" = Authorized Member 'MGR" = Manager	Name and Address:
AMBR	Edward M. Shahady
	8676 Griffin Road Cooper City, FL 33328
	Cooper City, 1 L 33320
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•	
V: Effective date, if other than the	e date of filing: (OPTIONAL)
CV: Effective date, if other than the ctive date is listed, the date must filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ctive date is listed, the date must filling.)	be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ctive date is listed, the date must filing.) EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90
ctive date is listed, the date must filling.) E VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90
CV: Effective date, if other than the ctive date is listed, the date must filing.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation I am aware that any false	be specific and cannot be more than five business days prior to or 90
CV: Effective date, if other than the tive date is listed, the date must filing.) CVI: Other provisions, if any. Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
CV: Effective date, if other than the ctive date is listed, the date must filing.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)