

L140000783893

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000078389 3)))



H140000783893A007

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

RE-SUBMIT**From:**

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please retain orig. of filing
date of submission 4/2

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

14 APR -3 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
Law Office of Jason Blust - Florida, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	024
Estimated Charge	\$125.00

2014 APR -2 A 8:21

2014 APR -2 A 8:21

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

B. BOSTICK

APR - 4 2014

EXAMINED
4/2/2014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAW OFFICE OF JASON BLUST - FLORIDA, 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:

3237 NW 7TH ST. #101
MIAMI, FL 33125

3237 NW 7TH ST. #101
MIAMI, FL 33125

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:

ADELA ESTOPINAN

Name

3237 NW 7TH ST. #101

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

MIAMI

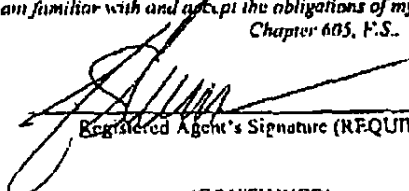
City

FL

33125

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)

Page 1 of 2

2014 APR -2 A 8:24

FILED

ARTICLE IV-

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

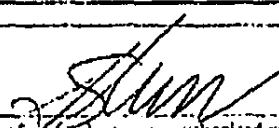
<u>Title:</u>	<u>Name and Address:</u>
"AMM" = Authorized Member	
"MGR" = Manager	
<u>MSR</u>	<u>ADELA ESTOPINAN</u>
	<u>3237 NW 7TH ST., #101</u>
	<u>MIAMI, FL 33125</u>

(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.

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.817.135, F.S.)

ADELA ESTOPINAN
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)

2014 APR -2 A 3:24

FILED

4/3/2014 11:50:38 From: To: 8506176383

(2/4)

850-817-6381

4/3/2014 8:36:22 AM PAGE 1/001 Fax Server



April 3, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: LAW OFFICE OF JASON BLUST - FLORIDA, LLC
REF: W14000021096

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : LAW OFFICES OF JASON BLUST, LLC, document number M13000008067.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

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.

Barbara Bostick
Regulatory Specialist II

FAX Aud. #: H14000078389
Letter Number: 014A00007084

RE-SUBMIT

Please retain only the filing
date of submission 4/2

RECEIVED
14 APR -3 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314