

# L14000077260

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(Requestor's Name)

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(City/State/Zip/Phone #)

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2014 MAY -6 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Sullivan MAY 13 2014

**DANIELLE L. O'HALLORAN, ESQ.**

PO Box# 9362  
FORT MYERS, FLORIDA 33902

**TELEPHONE 239-245-8646**

**FAX 239-332-2795**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom it May Concern:

Please see attached documents and accompanying check for the registration application for the PLLC of Ringsmuth, Day & O'Halloran. Please contact me should there be any issues:

Danielle L. O'Halloran  
P.O. Box 9362  
Fort Myers, FL 33902  
(239) 245-8646

Reference # W14000025053

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Ringsmuth, Day & O'Halloran, 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:

Danielle L. O'Halloran

Name of Person

Ringsmuth, Day & O'Halloran, PLLC

Firm/Company

PO Box 9362

Address

Fort Myers, FL 33902

City/State and Zip Code

DRLiguori@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle L. O'Halloran at ( 239 ) 245-8646

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Ringsmuth, Day & O'Halloran, 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:**

2215 First Street

Fort Myers, FL 33901

**Mailing Address:**

P.O. Box 9362

Fort Myers, 33902

**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:

Danielle L. O'Halloran

Name

2215 First Street

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

Fort Myers

City

FL

33901

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..*

Danielle L. O'Halloran

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR

**Name and Address:**

Peter D. Ringsmuth

2215 First Street

Fort Myers, FL 33901

AMBR

Donald P. Day

2215 First Street

Fort Myers, FL 33901

AMBR

Danielle L. O'Halloran

2215 First Street

Fort Myers, FL 33901

(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.

Purpose of the PLLC is the license practice of law in the State of Florida

**REQUIRED SIGNATURE:**

Danielle L O'Halloran

**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.)

Danielle L. O'Halloran

Typed or printed name of signee

**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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