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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations		
SUBJECT: Law Offices of Damell Coles, LLC		
	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Darnell Coles Jr.		
	Name of Person	
	Firm/Company	
10021 Brompton Drive		
	Address	
Tampa, FL 33626	City/State and Zip Code	
colesiegal@gmail.com	•	
E-mail address: (to be use	ed for future annual report notifica	ition)
For further information concerning this matter, ple	ease call:	
	813) 446-8277	
Name of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
☑ \$125.00 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	Street/Courier Adda Registration Section	ress
Division of Corporations P.O. Box 6327	Division of Corporat Clifton Building	ions

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:			
The name of the Limited Liability Company is.			
Law Offices of Damell Coles, LLC			
(Must end with the words "Limited	l Liability Co	ompany, "L.L.C.,"	or "LLC.")
ARTICLE II - Address:			
The mailing address and street address of the principal of	ffice of the l	Limited Liability C	ompany is:
Principal Office Address:	Mailing	Address:	
770 North Grosse Avenue		rompton Drive	
Unit C Tarpon Springs, FL 34689	Tampa,	FL 33626	
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered.		
The name and the Florida street address of the registered	l agent are:		
Darnell Coles Jr.			
Name	;		
10021 Brompton Drive	NOT		
Florida street address (P.O. Box	(NOT acce)	ptable)	
<u>Tampa</u> City	FL	33626 Zip	
•		•	
Having been named as registered agent and to accept se the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob Chap	ot the appoint of all statute	tment as registered s relating to the pro ny position as regis	agent and agree to act in this oper and complete performance
· Ole	9	D.	S Ass
Registered Agent's Signa	ture (REQU	IRED)	
(CONTINU	ED)		-6 P
Page 1 of 2	!		

<u>Fitle:</u>	Name and Address:
'AMBR" = Authorized Mem	per
MGR" = Manager	
	Darnell Coles Jr.
	10021 Brompton Drive Tampa, FL 33626
	Turipe, 1 E 00020

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f filing.) CVI: Other provisions, if any.	
f filing.) VI: Other provisions, if any.) el S D.
Filling.) 2 VI: Other provisions, if any. REQUIRED SIGNATURE. Signature	re of a member or an authorized representative of a member.
Filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature: (In accordance with	re of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document
Fifting.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm	re of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true:
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