

L14000095449

Adaryll Lee
(Requestor's Name)

2031 Legacy Palms Dr
(Address)

(Address)

Maitland, FL 32751
(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

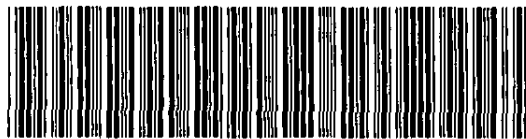
The Law Office of Adaryll Lee
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

THE LAW OFFICE OF ADARYLL LEE
2039 Legacy Palm Dr. • Maitland, Florida 32751
TEL: (850) 694-2783 • FAX: (321) 972-4914

June 13, 2014

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: THE LAW OFFICE OF ADARYLL LEE

Dear Sirs:

Enclosed please find the following documents with regard to registering The Law Office of Adaryll Lee as a limited liability company.

- (1) Original of the Articles of Organization;
- (2) Original of the Acceptance Of Registered Agent; and
- (3) A check in the amount of ONE HUNDRED TWENTY FIVE AND 00/100 (\$125.00) DOLLARS made payable to the Department of State representing payment of the filing fee.

Please return certified copies of the Articles of Organization to us along with a Certificate of Organization. Thank you for your assistance.

Cordially,


Adaryll Lee

Enclosure

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ADARYLL LEE
FIRM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Law Office of Adaryll Lee 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:

2039 Legacy Palms Pr.
Maitland, FL 32751

Mailing Address:

2039 Legacy Palms Pr.
Maitland, FL 32751

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:

Adaryll Lee
Name
24565 Blue star Hwy
Florida street address (P.O. Box NOT acceptable)
Quincy FL 32351
City 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.

[Signature]
Registered Agent's Signature (REQUIRED)

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ADARYLL LEE
REGISTERED AGENT

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Adaryll Lee
24565 Blue Star Hwy
Quincy, FL 32351

(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.

Professional services are law services.

REQUIRED SIGNATURE:

Adaryll Lee

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.)

Adaryll Lee

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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STATE OF FLORIDA

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