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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL.
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

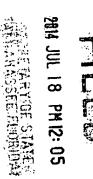
Office Use Only

EFFECTIVE DATE 07/15/14



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07/18/14--01027--026 **160.00



D. BRUCE

COVER LETTER

	sistration vision of C	Section Corporations					
SUBJECT:	Henslee	Law Group, LLC					
		Name of Lin	nited Liabil	ity Company			
The enclosed	d Articles	of Organization and fee(s) a	e submitted	d for filing.			
Please return	all corres	spondence concerning this m	atter to the	following:			
_ <u>_1</u>	Elizabeth	Henslee					
			Name of	Person			
			Eima/Ca				
			Firm/Co	ompany			
<u>.</u>	4233 Bell	Tower Court	Addı				
			Addi	ess			
_	Belle Isle	, FL 32812					
		C	ity/State ar	d Zip Code			
elizabe	th.hensle	e@gmail.com					
		E-mail address: (to be use	d for future	annual report notifica	ation)		
For further in	nformation	concerning this matter, plea	ise call:				
Elizabeth F		at (758-0484		. 3	
	Nam	e of Person	Area Cod	e Daytime Te	lephone Number		3)
Enclosed is a	check for	the following amount:				- - -	
□ \$125.00 Fili	ng Fee	\$130.00 Filing Fee & Certificate of Status	Certifi	00 Filing Fee & led Copy leal copy is enclosed)	S160.00 Filing Fee Certificate of Status Certified Copy (additional copy is conc		

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 1 - Name: The name of the Limited Liability Company is:	:	
Henslee Law Group, LLC		
(Must end with the words	s "Limited Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
4233 Bell Tower Court Belle Isle, FL 32812	PO Box 1723 Orlando, FL 32802	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida to the name and the Florida street address of the	as its own Registered Agent. You must de registration.)	
Elizabeth Henslee		
	Name	
4233 Bell Tower Cou	urt	
Florida street address	(P.O. Box NOT acceptable)	
Belle Isle	_{FL} 32812	
City	Zip	
Having been named as registered agent and to the place designated in this certificate, I her capacity. I further agree to comply with the p of my duties, and I am familiar with and acc	eby accept the appointment as registered a provisions of all statutes relating to the proj	ngent and agree to act in this oer and complete performance
Registered Ages	nt's Signature (REQUIRED)	
(Co	ONTINUED)	28
	Page 1 of 2	JUL 18 PHI2: 05

EFFECTIVE DATE 07/15/14

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Elizabeth Henslee
	4233 Bell Tower Court
	Belle Isle, FL 32812
•	
fective date is listed, the date must be of filing.)	date of filing: July 15, 2014 (OPTIONAL) e specific and cannot be more than five business days prior to or t
JE V: Effective date, if other than the	date of filing: July 15, 2014 (OPTIONAL) e specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the excrive date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or
Feetive date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation of I am aware that any false in	member or an authorized representative of a member. 1 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. 1 formation submitted in a document to the Department of State
Feetive date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation of I am aware that any false in	member or an authorized representative of a member. 1 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

