

# #L14000137543

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

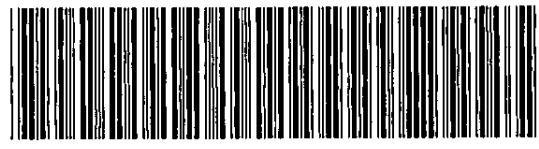
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/04/14--01001--014 \*\*125.00

**EFFECTIVE DATE**  
9-2-2014

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14 SEP -3 PM 3:34  
DIVISION OF CORPORATION

14 SEP -3 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

K. SALY  
EXAMINER  
SEP - 3 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Mount Law, LLC** \_\_\_\_\_  
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:

Tiffany Mount Stallworth \_\_\_\_\_  
Name of Person

Mount Law, LLC \_\_\_\_\_  
Firm/Company

1041 Longstreet Drive \_\_\_\_\_  
Address

Tallahassee, FL 32311 \_\_\_\_\_  
City/State and Zip Code

tmount80@hotmail.com \_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Mount Stallworth at ( 850 ) 339-7723  
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:

EFFECTIVE DATE  
9-2-2014

Mount Law, 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:

1041 Longstreet Drive  
Tallahassee, FL 32311

1041 Longstreet Drive  
Tallahassee, FL 32311

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:

Tiffany Stallworth  
Name

1041 Longstreet Drive  
Florida street address (P.O. Box **NOT** acceptable)

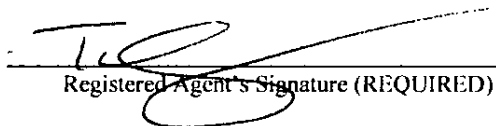
Tallahassee                      FL 32311  
City                                      Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 SEP -3 PM 3:46

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SEP 15 2014

*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)

**ARTICLE IV-**

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

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager  
MGR

**Name and Address:**  
Tiffany Mount Stallworth  
1041 Longstreet Drive  
Tallahassee, FL 32311

STATE OF FLORIDA  
TALLAHASSEE  
FILED

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: September 2, 2014. (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.817.155, F.S.)

Tiffany Mount Stallworth  
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)