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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

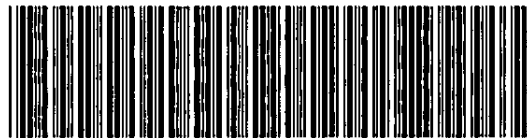
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 27 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2014

PAMELA MARTINI
PO BOX 287
WINDERMERE, FL 34786

SUBJECT: LAW OFFICE OF PAMELA G. MARTINI, P.L.
Ref. Number: W14000061645

We have received your document for LAW OFFICE OF PAMELA G. MARTINI, P.L. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00021624

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Law Office of Pamela G. Martini, P.L.
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:

Pamela G. Martini
Name of Person

Law Office of Pamela G. Martini, P.L.
Firm/Company

P.O. Box 287
Address

Windermere, FL 34786
City/State and Zip Code

pam@pamelamartinilaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela G. Martini at (407) 353-6615
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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:

Law Office of Pamela G. Martini, 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:

Mailing Address:

627 Ridgewood Drive
Windermere, FL 34786

P.O. Box 287
Windermere, FL 34786

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:

Pamela Grace Martini, Esq.

Name

627 Ridgewood Drive

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

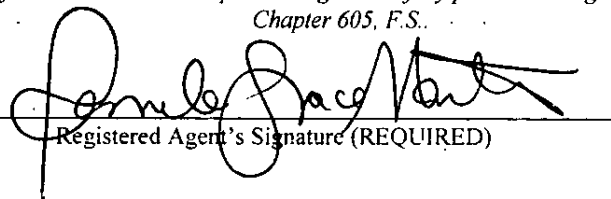
Windermere

FL 34786

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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/AMBR

Name and Address:

Pamela Grace Martini, Esq.

627 Ridgewood Drive

Windermere, FL 34786

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 15, 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.

The proposed entity is a law firm engaged in the practice of law and mediation services.

Pamela Grace Martini, Esq. is a licensed member of The Florida Bar in good standing, No. 0100761.

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.)

Pamela Grace Martini, Esq.

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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TALLAHASSEE, FLORIDA

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