

L14000171590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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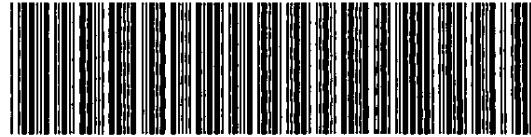
(Business Entity Name)

(Document Number)

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W14K-63643

FILED
14 NOV -4 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/16/14 2:25 PM
T. Burch

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legal Central, 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:

Liliana Fistel
Name of Person

Legal Central, LLC
Firm/Company

8751 Commodity Circle, Suite 14
Address

Orlando, Florida, 32819
City/State and Zip Code

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

For further information concerning this matter, please call:

Liliana Fistel at (954) 562-1129
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2014

LILIANA FISTEL
8751 COMMODITY CIRCLE STE 14
ORLANDO, FL 32819

SUBJECT: LEGAL CENTRAL, LLC
Ref. Number: W14000063643

We have received your document for LEGAL CENTRAL, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

Please return 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.

Tim Burch
Regulatory Specialist II

Letter Number: 714A00022416

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Legal Central Solutions, 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:

8751 Commodity Circle
Suite 14
Orlando, FL 32819

Mailing Address:

8751 Commodity Circle
Suite 14
Orlando, FL 32819

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:

Fistel Law Group, P.A.
Name
4400 W. Sample Rd. Suite 112
Florida street address (P.O. Box NOT acceptable)
Coconut Creek FL 33073
City Zip

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ALAHASSEE, FLORIDA

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)

(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

AMBR

Name and Address:

Liliana Fistel
8751 Commodity Cir. Ste 14
Orlando, FL 32819

Liliana Fistel
8751 Commodity Cir. Ste 14
Orlando, FL 32819

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1st, 2015 (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.)

Liliana Fistel

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)