

L14000196942

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*W-4-69118*

**FILED**  
14 DEC 24 PM 6:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**1 DEC 31 2014**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Fransen Mediation & Legal Services 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:

Scott R. Fransen

Name of Person

Fransen Mediation & Legal Services P.L.

Firm/Company

3445 Spring Branch Trail, #163

Address

Melbourne, FL 32935

City/State and Zip Code

sfransenlaw@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person      Area Code      Daytime Telephone Number

Scott R. Fransen at      (407)      927-3716

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee Certificate of Status      ☒ \$130.00 Filing Fee & Certified Copy      ☐ \$155.00 Filing Fee & Certificate of Status & (additional copy is enclosed)      ☐ \$160.00 Filing Fee, 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

November 17, 2014

SCOTT R. FRANSEN  
3445 SPRING BRANCH TRAIL #163  
MELBOURNE, FL 32935

SUBJECT: FRANSEN MEDIATION & LEAGAL SERVICES P.L.  
Ref. Number: W14000069118

We have received your document for FRANSEN MEDIATION & LEAGAL SERVICES P.L. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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: 214A00024354

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Fransen Mediation & Legal Services 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:**

**3445 Spring Branch Trail, #163  
Melbourne, FL 32935**

**Mailing Address:**

**3445 Spring Branch Trail, #163  
Melbourne, FL 32935**

**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:

Scott R. Fransen 3445 Spring Branch Trail, #163  
Name

Melbourne FL 32935  
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)

**FILED**  
**14 DEC 24 PM 4:40**  
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**TALLAHASSEE, FLORIDA**

**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

NA

**Name and Address:**

Scott R. Fransen

3445 Spring Branch Trail, #163

Melbourne, FL 32935

NA

(Use attachment if necessary)

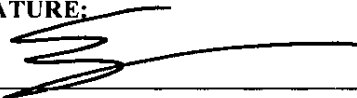
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TALLAHASSEE, FLORIDA

**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.

Provide mediation and professional legal services.

**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.)

Scott R. Fransen

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)**