

#L15000085279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

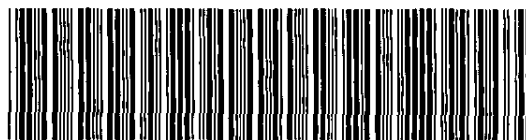
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/14/15--01016--016 **160.00

RECEIVED
DEPARTMENT OF REVENUE
15 MAY 14 PM 2:44
TO AGENCY OF DEF
SUFFICIENCY OF FILING

APPROVED
AND
FILED
15 MAY 14 PM 3:20
SECTION 11 OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 14 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Law offices of Artist D. Hicks PLLC
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:

Artist Hicks

Name of Person

Firm/Company

P.O. Box 2384

Address

Valrico FL 33595

City/State and Zip Code

Artist Hicks Esq@gmail.com

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

For further information concerning this matter, please call:

Artist Hicks

Name of Person

at (813) 618-3837

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:

Law Offices of Artist Hicks 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:

605 East Jackson St.
Suite 301
Tampa FL 33602

Mailing Address:

P.O. Box 2384
Valrico FL 33595

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:

Artist Hicks

Name

3730 38th Ave

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

Tampa

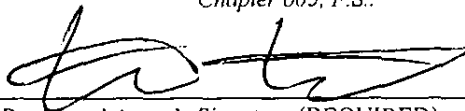
City

FL

33610

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
15 MAY 14 PM 3:20
SECRETARY OF STATE
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

President "AMBR"

Name and Address:

Artist Hicks

3730 38th Ave

Tampa FL 33610

15 MAY 14 PM 3:20
STATE OF FLORIDA
DEPARTMENT OF STATE
FILED

(Use attachment if necessary)

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.

Law Firm. To provide legal counsel and Legal
assistance under the laws of the State of Florida +
Laws deem to be valid by the Florida Bar.

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.)

Artist Hicks

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)