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I ALBRITTON

## COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	ESTES LAW LLC
SCHULC	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	DENA THOMPSON-ESTES
	Name of Person
	Firm/Company
	9833 BAYBORD BRIDGE DRIVE
	Address
	TAMPA, FL 33626  City/State and Zip Code
	City/State and Zip Code
,	DENA @ ESTESLAWLLC. COM
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
DENA	THOMPSON-ESTES at 813 995-7165
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125.00 F	sling Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LI	MITED LIABILITY COMPANY	
ARTICLE 1 - Name: The name of the Limited Liability Company is:		45 JU 20 11 12 20
ESTES LAW	LLC	14/8.
(Must end with the words "Limited Liability Co	empany, "L.L.C.," or "LLC.")	رد
ARTICLE II - Address: The mailing address and street address of the principal office of the L.	imited Liability Company is:	
Principal Office Address:	Mailing Address:	
9833 RAYROLD BRINGE DRIVE	P.O. ROX 261703	:

TAMPA, FL 33684

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:

TAMPA, FL 33626

DENA .	THUMPSO	N - ESTE	S
	Name		
9833	BAYBORO	BRIDGE	DRIVE
Florida street addres	ss (P.O. Box )	NOT acceptab	le)
TAMPA	FL	<b>-</b>	33626
City	State		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..

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(CONTINUED)

	uthorized Member	Name and Address:
"MGR" = Ma <u>MGR" = M</u>		DENA THOMPSON-ESTES
-1-1-1-1		9833 BAYBORD BRIDGE DRIVE TAMPA, FL 33626
		11mpa, rt 33026
······································	<del>*************************************</del>	<u>, , , , , , , , , , , , , , , , , , , </u>
CLE V: Effective	nt if necessary)  e date, if other than the date of filinisted, the date must be specific a	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 days
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CLE V: Effective effective date is I te of filing.) If the date insert cument's effective CLE VI: Other pr	e date, if other than the date of filin isted, the date must be specific at the date on the Department of State ovisions, if any.  Signature of a member This document is executed in a I am aware that any false informations a third degree felon	e applicable statutory filing requirements, this date will not be lite's records.  or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State

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