

L15000126215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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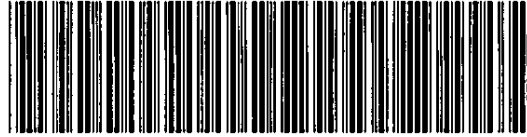
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

N. Culligan JUL 27 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Law Office of Lisa K. Crawford, P.A.
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:

Lisa K. Crawford

Name of Person

Law Office of Lisa K. Crawford, P.A.

Firm/Company

515 E. Las Olas Boulevard, Ste. 120

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

lisa.crawford@att.net

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

For further information concerning this matter, please call:

Lisa K. Crawford 954 864-8950
at ()
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)
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Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



RECEIVED

15 JUL 27 PM 3:24

FLORIDA DEPARTMENT OF STATE
Division of Corporations
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 19, 2015

LAW OFFICE OF LISA K. CRAWFORD PA
515 E. LAS OLAS BLVD. STE 120
FORT LAUDERDALE, FL 33301

SUBJECT: LAW OFFICE OF LISA K. CRAWFORD, P.A., L.L.C.
Ref. Number: W15000035316

We have received your document for LAW OFFICE OF LISA K. CRAWFORD, P.A., L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "PA." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 315A00010467

- Art. I Changed to
Lisa K. Crawford, Esq., P.L.L.C.
- Business Purpose Stated in Art. VI
Jhx.

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LISA K. CRAWFORD, ESQ., P.L.L.C.
(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:

515 E. Las Olas Boulevard, Ste. 120
Fort Lauderdale, FL 33301

Mailing Address:

4301 S. Flamingo Road, Ste. 168
Fort Lauderdale, FL 33330

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:

Rigo Morales

Name

5300 NE 24th Terrace # C-322

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

Fort Lauderdale

FL

33308

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.


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

Name and Address:

Lisa K. Crawford

4301 S. Flamingo Road #168

Fort Lauderdale, FL 33330

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

**BUSINESS PURPOSE IS TO PRACTICE
LAW IN THE STATE OF FLORIDA.**

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.)

LISA K CRAWFORD

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