

# L15000183047

**Florida Department of State  
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**To:**

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**From:**

Account Name : SHUFFIELD LOWMAN  
Account Number : I20030000118  
Phone : (407) 581-9800  
Fax Number : (407) 581-9801

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**Email Address:** REGISTEREDAGENT-WRL@SHUFFIELDLOWMAN.COM

SECRETARY OF STATE  
TALLAHASSEE, FL 32310

15 OCT 28 AM 4:29

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**FLORIDA LIMITED LIABILITY CO.  
THOMAS LEE MCFADDEN, PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION  
OF  
THOMAS LEE MCFADDEN, PLLC  
A Florida Limited Liability Company**

**ARTICLE I  
NAME**

The name of this limited liability company is THOMAS LEE MCFADDEN, PLLC, referred to in these Articles of Organization as the "Company."

**ARTICLE II  
MAILING AND STREET ADDRESS**

The street address of the principal office of the Company is as follows:

4700 Millenia Boulevard, Suite 200  
Orlando, Florida 32839

The mailing address of the principal office of the Company is as follows:

4700 Millenia Boulevard, Suite 200  
Orlando, Florida 32839

**ARTICLE III  
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 605.0207, Florida Statutes, the Company's existence shall be deemed to have commenced on the date and at the time the record is filed as evidenced by the Florida Department of State's endorsement of the date and time on the record.

**ARTICLE IV  
PURPOSE**

The Corporation is formed for the sole and specific purpose of rendering professional services in every phase and aspect of the practice of providing real estate brokerage services through the negotiation and arrangement of real estate transactions. The Company shall have the authority to do all things necessary for the rendering of such professional services.

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15 OCT 28 4:23  
SECRETARY OF STATE  
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**ARTICLE V  
REGISTERED AGENT**

The name and Florida street address of the initial Registered Agent are as follows:

William R. Lowman, Jr., Esq.  
Shuffield, Lowman & Wilson, P.A.  
1000 Legion Place, Suite 1700  
Orlando, Florida 32801

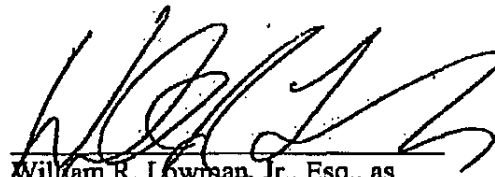
**ARTICLE VI  
MANAGEMENT**

The name and address of each person authorized to manage and control the Company:

<u>Title</u>	<u>Name and Address</u>
Manager	Thomas Lee McFadden 4700 Millenia Boulevard, Suite 200 Orlando, Florida 32839

**ARTICLE VII  
APPLICABLE LAW**

The Company is created pursuant to Chapters 605 and 621, Florida Statutes, and shall be governed by the laws of the State of Florida.



William R. Lowman, Jr., Esq., as  
Authorized Representative

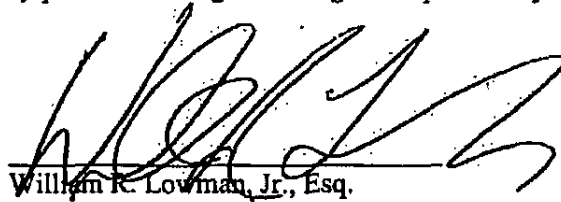
**ACCEPTANCE OF DESIGNATION  
OF  
REGISTERED AGENT**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

*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*

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*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 of the Florida Statutes.*



William R. Lowman, Jr., Esq.

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

Reinaldo Campos, MGRM

213 Isle Way Lane

Ponte Vedra Beach, FL 32082

Rozina Camarudin, MGRM

213 Isle Way Lane

Ponte Vedra Beach, FL 32082

(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.)

**REQUIRED SIGNATURE:**

Reinaldo Campos  
Reinaldo Campos (Oct 2, 2015)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Reinaldo Campos

Typed or printed name of signer

**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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