L15000187390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Andrew Kanter GAVE

AUTHORIZATION BY PHONE TO

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DATE 11-5-15

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W15-68641

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15 NOV -2 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 05 2015

S. GILBERT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

15 NOV -2 PM 12:14

October 15, 2015

ANDREW S. KANTER
832 NORMANDY TRACE ROAD
TAMPA, FL 33602

SUBJECT: THE LAW OFFICE OF ANDREW S. KANTER, PLLC
Ref. Number: W15000068641

We have received your document for THE LAW OFFICE OF ANDREW S. KANTER, PLLC and check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The specific purpose of the entity must be set forth in the document.

Please return the corrected original and one copy of 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) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 715A00021896

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: The Law Office of Andrew S. Kanter
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:

Andrew S. Kanter
Name of Person

The Law Office of Andrew S. Kanter
Firm/Company

832 Normandy Trace Road
Address

Tampa, FL 33602
City/State and Zip Code

akanter@akanterlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew S. Kanter at (813) 527-0768
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)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing 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:

The Law Office of Andrew S. Kanter, PLLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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TALLAHASSEE, FLOR

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
832 Normandy Trace Road Tampa, FL 33602	832 Normandy Trace Road Tampa, FL 33602

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.)

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TALLAHASSEE, FLORIDA

The name and the Florida street address of the registered agent are:

Andrew S. Kanter
Name

832 Normandy Trace Road
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33602
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)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Andrew S. Kanter 832 Normandy Trace Road Tampa, FL 33602

(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 - Attorney At Law

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Andrew S. Kanter
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)