

DEC-29-2015 17:00

Division of Corporations

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Florida Department of State
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To:

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From:

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Account Number : 075500004387
Phone : (813) 229-7600
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
The Consumer Protection Firm PLLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
FOR
THE CONSUMER PROTECTION FIRM PLLC**

ARTICLE I – Name:

The name of the Professional Limited Liability Company is **THE CONSUMER PROTECTION FIRM PLLC**.

ARTICLE II – Purpose:

The purpose of the Professional Limited Liability Company ("**Company**") is to engage in the practice of law.

ARTICLE III – Address:

The physical street address of the principal office of the Company is:

101 East Kennedy Boulevard, Suite 2800
Tampa, Florida 33602

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

PO Box 18996
Tampa, Florida FL 33679

ARTICLE IV – Managers:

The Company will be managed by one or more managers.

ARTICLE V – Indemnification:

The Company shall, to the full extent permitted by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, as a matter of law, under the regulations of the Company, by agreement or otherwise.

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ARTICLE VI - TRANSFER OF INTEREST IN COMPANY

No transfer of an Interest in the Company is permitted or valid except in accordance with the restrictions on transfer contained in the Operating Agreement of the Company, as amended at the effective time of the transfer.

ARTICLE VII - Registered Agent and Registered Address

The name and the street address of the registered agent is:

Jeffrey B. Fabian, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 29th day of December, 2015.



Signature of an authorized representative of a member.

(In accordance with Section 605.0202(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 in section 817.155, Florida Statutes)

Jeffrey B. Fabian
Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

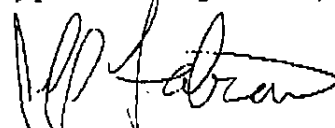
1. The name of the professional limited liability company is **THE CONSUMER PROTECTION FIRM PLLC.**

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

Jeffrey B. Fabian, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

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Having been named as registered agent and to accept service of process for the above stated professional 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.



Jeffrey B. Fabian, Esq.
Registered Agent

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