L16000025139

(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:

Office Use Only

000280866840

01/12/16--01002--020 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB -4 PM 12:43

W16-005032

02/05/16

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2016

MEADE COPLAN
320 1ST ST. NORTH, STE. 710
JACKSONVILLE BEACH, FL 32250

SUBJECT: RIVERSEA LAW, P.L.
Ref. Number: W16000005032

We have received your document for RIVERSEA LAW, P.L. and your check(s) totaling $130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 716A00001587

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIVERSEA LAW, P.L.
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:

MEADE COPLAN
Name of Person

RIVERSEA LAW, P.L.
Firm/Company

320 1ST ST. N. STE. 710 THE METROPOLITAN
Address

JACKSONVILLE BEACH, FLORIDA 32250
City/State and Zip Code

meade@lawyer.law
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MEADE COPLAN at (904) 242-0952
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:

Riversea LAW, 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:	**Mailing Address:**
320 1st St. N. Ste 710- The Metropolitan Jacksonville Beach, FL 32250	Same

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:

Meade Caplan, ESQ
Name

320 1st. St. N. Ste 710 The Metropolitan
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville Beach FL. 32250
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..

Meade Caplan
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Ref # W16000005032

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB -4 PM 12:43

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

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
MGR	Meade Coplan 320 1st St N Ste 719 Jacksonville Beach, FL 32250

(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. Purpose of P.L.L.C is Legal services

REQUIRED SIGNATURE: Meade Coplan

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.

Meade Coplan
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB -4 PM 12:43