

L/600003/694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

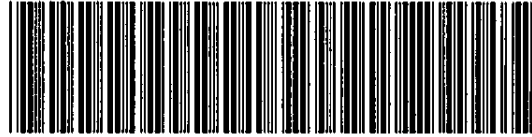
(Document Number)

Certified Copies _____

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FILED
16 FEB 16 PM 1:40
CLERK OF COURT
ALABAMA

*New
PLLC*

N/6-9955



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2016

LOUIS LEO IV
4171 W. HILLSBORO BLVD., STE 9
COCONUT CREEK, FL 33073

SUBJECT: FLORIDA CIVIL RIGHTS COALITION, P.L.
Ref. Number: W16000009955

We have received your document for FLORIDA CIVIL RIGHTS COALITION, P.L. 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 a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

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: 016A00002801

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Civil Rights Coalition, 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:

Louis Leo IV

Name of Person

Medgebow Law, P.A.

Firm/Company

4171 W. Hillsboro Blvd. Ste 9

Address

Coconut Creek, FL 33073

City/State and Zip Code

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

For further information concerning this matter, please call:

Louis Leo IV

954

478-4223

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)

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

ARTICLE I - Name:

Florida Civil Rights Coalition, P.L.L.C.

ARTICLE II - Address:

Principal Office Address:

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Joel Medgebow

Name

4171 W. Hillsboro Blvd. Ste 9

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

Coconut Creek	FL	33073
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City

State

Zip

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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:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Medgebow Law, P.A.

4171 W. Hillsboro Blvd. Ste 9

Coconut Creek, FL 33073

MGR

Leo Dynamics LLC

1279 W. Palmetto Park Rd. #273731

Boca Raton, FL 33427

(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.

For legal services.

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.

Joel Medgebow

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)