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SECRETARY OF STATE

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COVER LETTER

	egistration Section ivision of Corporations			
SUBJECT	Elder Mediation Services, LLC			
BOBSECT		Limited Liabili	ty Company	
The enclos	ed Articles of Organization and fee(s)	are submitted	for filing.	
Please retu	rn all correspondence concerning this	matter to the fo	ollowing:	
	Darby Jones			
		Name of	Person	
		Firm/Cot	npany	
	106 9th St. E.			
		Addre	SS	
	Tierra Verde, Florida 33715			
	darbyjoneslaw@gmail.com	City/State and	Zip Code	
vi	E-mail address: (to be us	ed for future ar	nual report notifica	ition)
For further in	nformation concerning this matter, plea	ase call:		
	Darby Jones	727	260-1130	
	Name of Person	Area Code	Daytime Telepho	ne Number
Enclosed is	a check for the following amount:			
\$125.00 Fi	_	└─¹Certifie) Filing Fee & d Copy I 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	N 1 (Street Address New Filing Section Division of Corpora Clifton Building 1661 Executive Cen Fallahassee, FL 323	ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				FILED
The name of the Limited Liabili	ty Company is:			16 MAY 13 PM 3: 03
Elder Mediation Ser (Must end		d Liability Co	mpany, "L.L.C.," or "LLC."	SECRETARY OF STATE
ARTICLE II - Address: The mailing address and street a				
<u>Princip</u>	al Office Address:		Mailing A	ddress:
106 9th St. E. Tierra Verde, Florid 33715	1		106 9th St. E. Tierra Verde, Florida 33715	· · · · · · · · · · · · · · · · · · ·
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its own	n Registered A	d Agent's Signature: gent. You must designate an	individual or
The name and the Florida street	address of the registere	d agent are:		
	Darby Jones		-	
		Name		
	106 9th St. E.		70	
	Florida street addres	ss (P.O. Box <u>N</u>	IOT acceptable)	
	Tierra Verde	FL	33715	_
	City	State	Zip	
laving been named as registered a lace designated in this certificate, inther agree to comply with the pr im familiar with and accept the ob	I hereby accept the apportisions of all statutes r	pointment as re clating to the p as registered of	gistered agent and agree to a proper and complete perform	ict in this capacity. I cance of my duties, and I
		(CONTINU	J ED)	
		Page 1 o	f2	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	16 MAY 13 PM 3: 03
"MGR" = Manager MGR	Darby Jones	SECRETARY OF STATE FALLAHASSEE FLORIDA
	106 9th St. E.	
	Tierra Verde, FL 337	15
	-	
		
		
EV: Effective date, if other than the da	nte of filing:	(OPTIONAL)
(Use attachment if necessary) E V: Effective date, if other than the date tive date is listed, the date must be sof filing.) the date inserted in this block does no ment's effective date on the Department E VI: Other provisions, if any.	specific and cannot be more than t meet the applicable statutory filin	five business days prior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does no ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE:	specific and cannot be more than t meet the applicable statutory filin nt of State's records.	five business days prior to or 9 g requirements, this date will no
E V: Effective date, if other than the date extive date is listed, the date must be soffiling.) the date inserted in this block does no ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is executed any aware that any face.	specific and cannot be more than t meet the applicable statutory filin	ntative of a member. 5.0203 (1) (b), Florida Statutes. ment to the Department of State
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