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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Frank Minton Law Firm LL	.c	
BODGEC		me of Limited Liability Company	
The encle	osed Articles of Organization and	d fee(s) are submitted for filing.	
Please re	turn all correspondence concernir	ng this matter to the following:	
	Frank Minton		
		Name of Person	···
	Frank Minton Law Firm LLC		
		Firm/Company	
	7865 SW 179 Terrace		
		Address	
	Palmetto Bay, Florida 33157	,	
	frankminton37@gmail.com	City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notification)	
For further	information concerning this matt	ter, please call:	
	Frank Minton	786 368-6664	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed	is a check for the following amou	ount:	
\$125.00	Filing Fee \$130.00 Filing Certificate of S	Status Certified Copy Certific (additional copy is enclosed) Certified	Filing Fee, ate of Status & d Copy al copy is enclosed)
	Mailing Address	Street Address	

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

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:	
Frank Minton Law Firm LLC	
(Must end with the words "Limited Liabil	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	or it to be the company of the con-
The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Frank Minton	Frank Minton
7865 SW 179 Terrace	7865 SW 179 Terrace
Palmetto Bay, Florida 33157	Palmetto Bay, Florida 33157
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)	ered Agent. You must designate an individual or
The name and the Florida street address of the registered agent	are:
Diane Minton	
Name	

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.

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

Florida

State

7865 SW 179 Terrace

City

Palmetto Bay

Registered Agent's Signature (REQUIRED)

33157

Zip

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
'AMBR" = Autho	orized Member
'MGR" = Manag	
AMBR	Frank Minton
	7865 SW 179 Terrace
	Palmetto Bay, Florida 33157
	,
EV: Effective da ctive date is liste f filing.)	te, if other than the date of filing: (OPTIONAL) d, the date must be specific and cannot be more than five business days prior to or 90
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ARTICLE IV-

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