## L16000115888

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000275165170 05/02/16--01040--008 \*\*78.75



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Family Legal Florida PLLC 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:
Scott Masaru Watanabe Name of Person
Family Legal Florida PLIC Firm/Company
Firm/Company
11425 Claymont Circle Address
Address
Windermere, FL 34786
Windermere, FL 34786 City/State and Zip Code Scott@FamilyLegal FL. com
Scott@ Family Legal FL, com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott Watanabe at (941) 539-3632  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{Status Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2016

SCOTT M WATANABE 11425 CLAYMONT CIR WINDERMERE, FL 34786

SUBJECT: FAMILY LEGAL FLORIDA PL

Ref. Number: W16000034093

We have received your document for FAMILY LEGAL FLORIDA PL and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorrect document was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

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

Please return 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.

Jessica A Fason Regulatory Specialist II

Letter Number: 916A00009852



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2016

SCOTT M WATANABE 11425 CLAYMONT CIR WINDERMERE, FL 34786

SUBJECT: FAMILY LEGAL FLORIDA PL

Ref. Number: W16000034093

We have received your document for FAMILY LEGAL FLORIDA PL and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return 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.

Jessica A Fason Regulatory Specialist II

Letter Number: 916A00009852

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www.sunbiz.org

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Family Lega Must end v	Florida PLL with the words "Limited L	Ciability Company	v. "L.L.C" or "LLC.")			
ARTICLE II - Address: The mailing address and street ad						
Principa	l Office Address:		Mailing Add	ress:		
7208 Sand Lak Snifp 305 Orlando, FL 3	e Road 1819		125 Claymont Cir ndermere, FL 34	4786		
ARTICLE III - Registered Age (The Limited Liability Company of another business entity with an ad The name and the Florida street a	cannot serve as its own Rective Florida registration.)	egistered Agent. ) gent are:	You must designate an in	dividual or		
	11425 Claymon Florida street address (1					
	Windermere City	FL	34786			
laving been named as registered a lace designated in this certificate, i urther agree to comply with the pro m familiar with and accept the obl	I hereby accept the appoint ovisions of all statutes relating attions of my position as	atment as register ting to the proper registered agent	ed agent and agree to act r and complete performan	in this cape ce of my du	acity ıties, aı	I
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