## 11 (1000) 124 (1025)

(Pa	questor's Name)	
(Ne	questor s marrie)	
		,
(Ad	ldress)	
		•
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	<del>, #)</del>
•	,	,
PICK-UP	☐ WAIT	MAIL
_	<del>_</del>	<del></del>
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		į

Office Use Only

1128-

1.211000044955



000286860610

06/16/16--01029--003 \*\*130.00



Thelia

## COVER LETTER

	Registration Section Division of Corporations			•		
SUBJEC	Medley Law Firm, PLLC					
SUBJEC		Limited Liabilit	y Company			
The encle	osed Articles of Organization and fee(s)	are submitted i	for filing.			
Please re	turn all correspondence concerning this	matter to the fo	llowing:			
	Ashland R. Medley					
		Name of I	Person			
	Medley Law Firm, PLLC					
		Firm/Con	прапу			
	10882 NW 4th Drive					
		Addre	SS			
	Coral Springs, FL 33301					
	Ashland.medley@gmail.com	City/State and	Zip Code			
	E-mail address: (to be us	ed for future ar	nual report notification	on)		
For further	information concerning this matter, ple	ase call:				
	Ashland R. Medley	407	9738627			
	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	LCertifie	) Filing Fee & d Copy l copy is enclosed)	Certified C	of Status &	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	] ] (	Street Address  New Filing Section  Division of Corporation  Clifton Building  2661 Executive Center  Fallahassee, FL 32301	r Circle	16 JUL -1 M	T



June 23, 2016

ASHLAND R. MEDLEY 10882 NW 4TH DRIVE CORAL SPRINGS, FL 33301

SUBJECT: MEDLEY LAW FIRM, PLLC

Ref. Number: W16000044955

We have received your document for MEDLEY LAW FIRM, PLLC 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 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 716A00013272

Y



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

56

ARTICLE I - Name:			4		·F [ ]	LED
The name of the Limited Liabi	lity Company is:	•				
				16	JUL -	-1 附3
Medley Law Firm,	PLLC	•				V AND PAR
		d Liability Com	pany, "L.L.C.," or "LLC.")	4.5		
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Lin	nited Liability Company is:			
<u>Princ</u>	ipal Office Address:		Mailing Ad	dress:		
10882 NW 4th Dri	ve		10882 NW 4th Drive			
Coral Springs, FL			Coral Springs, FL 33301			<del></del>
<del></del>	<del> </del>					
The name and the Florida stree	Ashland R. Medley	Name	······································			
		Name				
	10882 NW 4th Drive	2				
	Florida street addres	ss (P.O. Box <b>N</b>	OT acceptable)			
	Coral Springs	FL	33301			
	City	State	Zip			
Having been named as registere place designated in this certifica further agree to comply with the am familiar with and accept the	te, I hereby accept the app provisions of all statutes r obligations of my position	pointment as reg relating to the pr as registered a	istered agent and agree to a coper and complete performa	ct in thi ince of	s capac my duti	ity. I
		(CONTINU	ED)			

Page 1 of 2



Title:	thorized Member	Name and Address:
"AMBR" = Au "MGR" = Man		
MGR – Mai MGR	ıağcı	Ashland R. Medley
		10882 NW 4th Drive
		Coral Springs, FL 33301
	<u> </u>	
		**************************************
		<del></del>
(Use attachme	nt if necessary)	
E V. Effective	data if other then the date.	of filing: (OPTIONAL)
	-4-1 41-1-44	ecific and cannot be more than five business days prior to o
ment's effectiv	e date on the Department of	
nent's effectiv	e date on the Department of	
E VI: Other pro	e date on the Department of	of State's records.
E VI: Other pro	e date on the Department of ovisions, if any.  DATE IS DESCRIPTION  SIGNATURE:	formed for the practice of la
E VI: Other pro	e date on the Department of source of a me	formed for the practice of lamber.
E VI: Other pro	signature of a me. This document is executive.	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Status
nent's effectiv	Signature of a mer This document is executed a market any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Status information submitted in a document to the Department of St
nent's effectiv	Signature of a mer This document is executed a market any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Status
E VI: Other pro	Signature of a mer This document is executed a market any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Status information submitted in a document to the Department of Status of the felony as provided for in s.817.155, F.S.
E VI: Other pro	Signature of a mer This document is executed a market any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Status information submitted in a document to the Department of St
nent's effectiv	Signature of a mer This document is executed a market any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Status information submitted in a document to the Department of Status of the felony as provided for in s.817.155, F.S.  Typed or printed name of signee
REQUIRED	Signature of a mer This document is executed a management and false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Status information submitted in a document to the Department of St e felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:
REQUIRED S	Signature of a me This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Status information submitted in a document to the Department of Status of the felony as provided for in s.817.155, F.S.  Typed or printed name of signee
REOUIRED S 125.00 Filit \$ 30.00 Cer	Signature of a mer This document is executed a management and false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Status information submitted in a document to the Department of Status felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent
REOUIRED S 125.00 Filit \$ 30.00 Cer	Signature of a me This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Status information submitted in a document to the Department of Status felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent
REOUIRED S 125.00 Filit \$ 30.00 Cer	Signature of a me This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Status information submitted in a document to the Department of Status felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent
REOUIRED S 125.00 Filit \$ 30.00 Cer	Signature of a me This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statument information submitted in a document to the Department of States of Felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent al)
REOUIRED S 125.00 Filit \$ 30.00 Cer	Signature of a me This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Status information submitted in a document to the Department of Status felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent al)  Page 2 of 2
REOUIRED S 125.00 Filit \$ 30.00 Cer	Signature of a me This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statuminformation submitted in a document to the Department of States of Felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent al)  Page 2 of 2
REOUIRED S 125.00 Filit \$ 30.00 Cer	Signature of a me This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Status information submitted in a document to the Department of Status felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent al)  Page 2 of 2