

L/6000/55507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

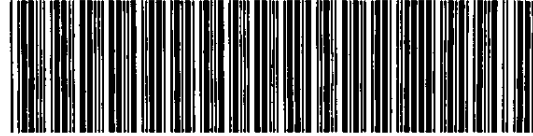
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700288907247

08/15/16--01015--017 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 AUG 15 PM 3:08

K 08/22/16

August 10, 2016

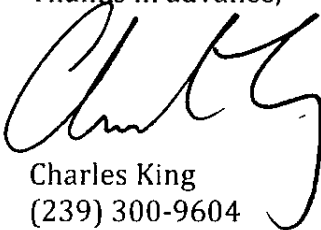
Dear Sir or Madam:

Please find enclosed my Articles of Organization and payment. I am the owner of the recently voluntarily dissolved "Law Office of Charles B. King, LLC" (Document No. L12000004601). I have no intention of reinstating the LLC. For this reason, please release the name at this point so I can use it for the PLLC.

Also, I mistakenly filed an amendment for the LLC about a week ago because I forgot that the LLC was dissolved. I would appreciate it if you could refund the \$25 amendment fee that was paid with the amendment when you have a chance.

I spoke with Cathy Carrothers at your office regarding the above notes. She mentioned that she would be happy to discuss it with whoever takes the file for processing.

Thanks in advance,



Charles King
(239) 300-9604

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 AUG 15 PM 3:08

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAW OFFICE OF CHARLES B. KING 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:

CHARLES KING
Name of Person

Firm/Company

56 MYRTLE ROAD
Address

NAPLES, FL 34108
City/State and Zip Code

CHARLES @ CHARLESBKINGLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES KING at (239) 300 9604
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE LAW OFFICE OF CHARLES B. KING PLLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

56 MYRTLE RD
NAPLES, FL 34108

Mailing Address:

56 MYRTLE RD
NAPLES, FL 34108

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

BENJAMIN KING
Name

3400 TAMiami TR. N #101
Florida street address (P.O. Box NOT acceptable)

NAPLES FL 34103
City State Zip

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 606, F.S..

Benjamin P. King
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:

CHARLES KING, ESQ
56 MYRTLE RD
NAPLES, FL 34108

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

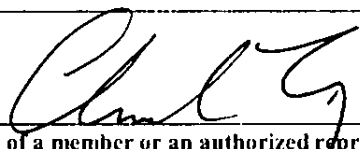
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

PURPOSE OF PLLC: LAW PRACTICE

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.

CHARLES KING

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)