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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

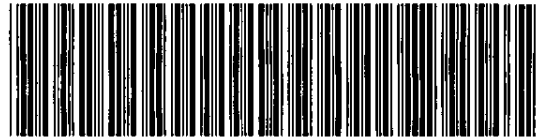
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7/24  
9/16/16

# Feigenbaum + Uddo, LLC

COUNSELORS AT LAW

September 12, 2016

Overnight Mail

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: lawPigeon, LLC

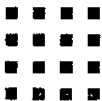
Dear Sir/Madam:

Enclosed please find Articles of Organization pertaining to the above-referenced entity for filing. Also enclosed please find a check made payable to the Florida Department of State in the amount of \$125.00 in payment of the filing fees associated therewith.

If you should have any questions, please do not hesitate to contact me.

Very truly yours,

Eleanor M. Uddo



**Richard A. Feigenbaum, Esq.**  
**Eleanor M. Uddo, Esq.**

Playhouse Square  
386 Washington Street  
Wellesley, MA 02481

[t] 781.237.9900  
[f] 781.237.9901  
[e] raf@elderlaw.com  
emu@elderlaw.com

www.elderlaw.com

EMU:cw  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** lawPigeon, LLC  
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:

Eleanor M. Uddo, Esq.

Name of Person

Feigenbaum & Uddo, LLC

Firm/Company

386 Washington Street

Address

Wellesley, MA 02481

City/State and Zip Code

emu@elderlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eleanor M. Uddo

781

237-9900

at ( )

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:

lawPigeon, LLC

(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:

Mailing Address:

c/o John Holloway

1121 West Price Boulevard, #145

North Port, FL 34288

c/o John Holloway

1121 West Price Boulevard, #145

North Port, FL 34288

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:

John Holloway

Name

1121 West Price Boulevard, #145

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

North Port

FL

34288

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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**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:**

John Holloway

1121 West Price Boulevard, #145

North Port, FL 34288

(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.

**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.

John Holloway

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)

16 SEP 14 AM 8:39  
STATE OF FLORIDA  
DEPARTMENT OF STATE