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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

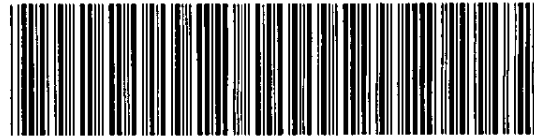
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
16 NOV -2 AM 10:04

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2016

KERI LYNDA HORVAT  
2525 PONCE DE LEON BLVD., STE 300  
CORAL GABLES, FL 33134

SUBJECT: EGOVIL & HORVAT, PLLC  
Ref. Number: W16000072358

We have received your document for EGOVIL & HORVAT, PLLC and your check(s) totaling \$125.00. 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 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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 616A00022815

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TALLAHASSEE, FLORIDA  
16 NOV -2 AM 10:04

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Egoavil & Horvat, 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:

Keri Lynda Horvat

Name of Person

Egoavil & Horvat, PLLC

Firm/Company

2525 Ponce de Leon Blvd. Suite 300

Address

Coral Gables, FL 33134

City/State and Zip Code

KLynda@HorvatLawFirm.com

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

For further information concerning this matter, please call:

Keri Lynda Horvat

305

450-2825

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Egoavil & Horvat, 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:

Mailing Address:

2525 Ponce de Leon Blvd.

2525 Ponce de Leon Blvd.

Suite 300

Suite 300

Coral Gables, FL 33134

Coral Gables, FL 33134

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:

Keri Lynda Horvat

Name

2525 Ponce de Leon Blvd. Ste. 300

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

Coral Gables

FL

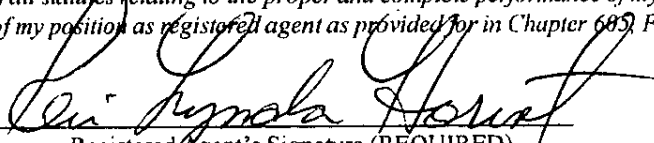
33134

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 689, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**Augusto Egoavil2525 Ponce de Leon Blvd. Suite 300Coral Gables, FL 33134AMBREulalia Salas2525 Ponce de Leon Blvd. Suite 300Coral Gables, FL 33134AMBRKeri Lynda Horvat2525 Ponce de Leon Blvd. Suite 300Coral Gables, FL 33134

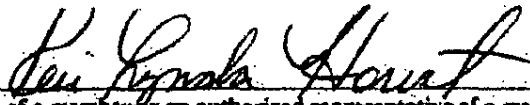
(Use attachment if necessary)

**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.

The company's purpose is to provide professional legal services.

**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.

Keri Lynda Horvat

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\* 2016 Certificate of Organization (Optional)

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TALLAHASSEE, FLORIDA  
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