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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 6 2017
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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Cornelius & Associates, 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:

Derek J. Cornelius, Esq.

Name of Person

Cornelius & Associates, PLLC

Firm/Company

9900 W. Sample Road, Suite 300

Address

Coral Springs, FL 33065

City/State and Zip Code

cornelius.derek@gmail.com

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

For further information concerning this matter, please call:

Derek J. Cornelius, Esq.

954

258-8794

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:

Cornelius & Associates, PLLC

(Must contain 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:

9900 W. Sample Road, Suite 300
Coral Springs, FL 33065

Mailing Address:

9900 W. Sample Road, Suite 300
Coral Springs, FL 33065

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:

Derek J. Cornelius

Name

9900 W. Sample Road, Suite 300

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

Coral Springs

FL

33065

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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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

Name and Address:

Derek J. Cornelius, Esq.

9900 W. Sample Road, Suite 300

Coral Springs, FL 33065

(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.

Please see attached addendum with additional Articles

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.

Derek J. Cornelius, Esq.

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)

Additional Articles

ARTICLE VI – Purpose:

The general nature and purpose of the business to be transacted and carried on by the limited liability company is to engage in the practice of law and to carry on services incident thereto. The professional services of this professional limited liability company shall only be carried out through members, each of whom is an attorney licensed in the State of Florida.

ARTICLE VII – Duration:

The period duration for the professional liability company is perpetual.

ARTICLE VIII – Admission of Additional Members:

Additional members may be admitted with the unanimous consent of all members.

ARTICLE IX – Members Right To Continue Business:

Remaining members of the professional limited liability company shall continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event that terminates the continued membership of a member in the professional limited liability company.

ARTICLE X – Indemnification:

The professional limited liability company, shall indemnify the officers, directors, and members in accordance with Chapter 605 and Chapter 607 of the Florida Statutes, made applicable by virtue of Florida Statutes §621.13 through the adoption of an indemnification agreement.