

L17000/50798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

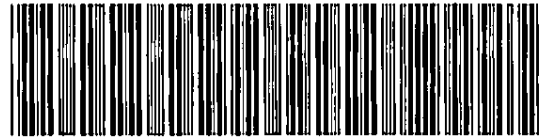
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/30/17--01016--007 **125.00

17 JUL 13 PM 3:28
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

W17-054755

07/13/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2017

ROBERT HOFFMAN
1990 MAIN ST., STE. 750
SARASOTA, FL 34236

SUBJECT: ROBERT J. HOFFMAN, ESQUIRE, PLLC
Ref. Number: W17000054755

We have received your document for ROBERT J. HOFFMAN, ESQUIRE, 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 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 617A00013409

RECEIVED
17 JUL 13 PM 3:15
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

ROBERT J. HOFFMAN, ESQUIRE
ATTORNEY AT LAW
1990 MAIN STREET, SUITE 750
SARASOTA, FLORIDA 34236
941-323-9547
rjhoffmanfl@gmail.com

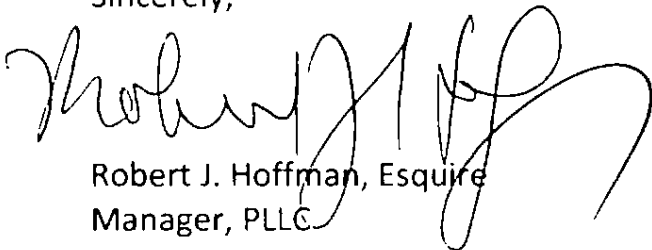
June 27, 2017

Dear Secretary:

Please find for filing Cover Letter, Articles of Incorporation and Designation of Registered Agent for Professional Limited Liability Company along with my check number 3564 in the amount of \$125.00 for the filing fee.

If there are any questions concerning this matter, please direct them to the above email address or telephone number.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert J. Hoffman', with a large, stylized flourish extending from the end of the signature.

Robert J. Hoffman, Esquire
Manager, PLLC

COVER LETTER

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

SUBJECT: Robert J. Hoffman, Esquire, 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:

Robert J. Hoffman

Name of Person

Robert J. Hoffman, Esquire, PLLC

Firm/Company

1990 Main Street, Suite 750

Address

Sarasota, Florida 34236

City/State and Zip Code

rjhoffmanfl@gmail.com

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

For further information concerning this matter, please call:

Robert J. Hoffman

941

3239547

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:

Robert J. Hoffman, Esquire, 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:

1990 Main Street, Suite 750

Sarasota, Florida 34236

Mailing Address:

Same as Principal Office

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:

Robert J. Hoffman, Esquire

Name

1990 Main Street, Suite 750

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

Sarasota

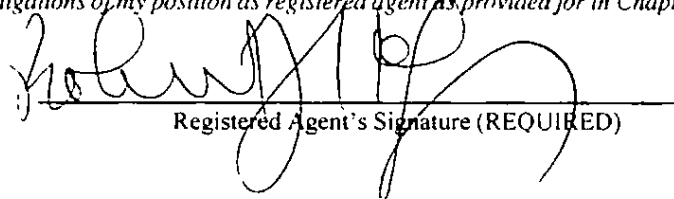
City

Florida 34236

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)

17 JUL 13 PM 3:29
STATE
OF 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:

Robert J. Hoffman, Esquire

1990 Main Street, Suite 750

Sarasota, Florida 34236

(Use attachment if necessary)

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

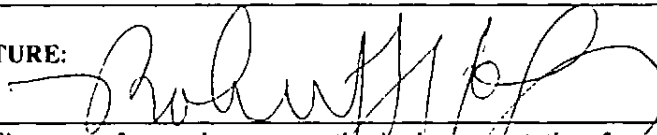
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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: The Practice of Law,
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.

Robert J. Hoffman

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)

17 JUL 13 PM 3:29
FLORIDA