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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

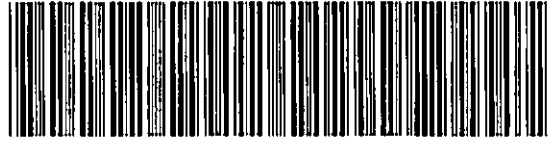
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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18 MAR 15 PM 12:29
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MAR 21 2018

LAW OFFICES OF JAMES P. COVEY, P.A.

<p><u>VERO BEACH OFFICE</u> 1575 Indian River Blvd, Suite C-120 Vero Beach, FL 32960 Telephone: 772.770.6160 Facsimile: 772.770.6074</p>	<p><u>STUART OFFICE</u> 2207 South Kanner Highway Stuart, FL 34994 Telephone: 772.286.5820 Facsimile: 772.286.1505</p>
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James P. Covey, J.D., M.B.A.
Licensed to practice in Florida and Maryland

Robyn Haffield, Florida Registered Paralegal/Firm Manager
Melanie B. Lawrence, Paralegal
Gerard Scobie, Client Support Services
Kyndall Combs, Legal Assistant

Dorothea F. DePace, Paralegal
Nely Castro, Legal Assistant
Merrily Minardi, Accounting Services

March 14, 2018

Via overnight delivery:

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

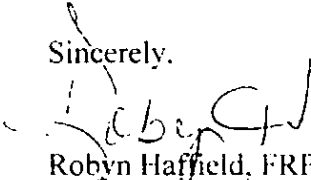
Re: PRL & ASSOCIATES, LLC.

Enclosed, please find the following:

1. Cover Letter;
2. Articles of Organization for PRL & ASSOCIATES, LLC.;
3. Check No. 007085 which is made payable to the Florida Department of State in the amount of \$130.00 representing the Filing Fee & Certificate of Status for PRL & ASSOCIATES, LLC.

If you should have any questions or should need any further information to complete this request, please contact this office at 772.770.6160.

Sincerely,


Robyn Haffield, FRP
Paralegal

/ml
enclosures

COVER LETTER

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

SUBJECT: PRI. & ASSOCIATES, L.L.C.
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:

James P. Covey, Esq.
Name of Person
James P. Covey, P.A.
Firm/Company
1575 Indian River Boulevard, Suite C-120
Address
Vero Beach, Florida 32960
City/State and Zip Code
office@jcovewlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James P. Covey, Esq. 772 770.6160
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:

PRL & ASSOCIATES, LLC.

(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:

Mailing Address:

965 SE Martin Cove Place
Stuart, Florida 34997

965 SE Martin Cove Place
Stuart, Florida 34997

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:

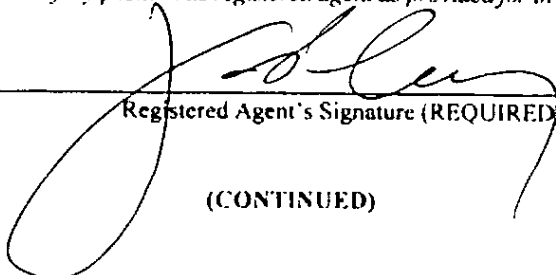
James P. Covey, Esq.
Name

1575 Indian River Boulevard, Suite C-120
Florida street address (P.O. Box **NOT** acceptable)

Vero Beach Florida 32960
City State Zip

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TALLAHASSEE, FLORIDA

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 60, F.S.



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
AMBR

Name and Address:

Carl McCaughey
965 SE Martin Cove Place
Stuart, Florida 34997

MGR

Carl McCaughey
965 SE Martin Cove Place
Stuart, Florida 34997

AMBR

Lori McCaughey
965 SE Martin Cove Place
Stuart, Florida 34997

MGR

Lori McCaughey
965 SE Martin Cove Place
Stuart, Florida 34997

(Use attachment if necessary)

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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.

Carl McCaughey

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)