# L/8000207682

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# FLORIDA DEPARTMENT OF STATE Division of Corporations

August 7, 2018

CHARLES E. SCARLETT 21218 ST. ANDREWS BLVD. SUITE 139 BOCA RATON, FL 33433

SUBJECT: CHARLES E. SCARLETT, ESQ., PLLC

Ref. Number: W18000071448

We have received your document for CHARLES E. SCARLETT, ESQ., 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 business purpose of the professional association must be stated 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 418A00016194

## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Charles E. Scarlett Esq., PLL Name of Limited Liability Company	<u>.C.</u>
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Charles E. Scarktt Name of Person	
Charles E Scarlett Esq. PLL	C ,
21218 St. Andrews Blud. 50	iite 139
Boca Raton F1. 33433 City/State and Zip Code Charles@ Shlawfla, con	
E-mail address: (to be used for future annual report notifica	tion)
For further information concerning this matter, please call:	
Charles Scarlett at (561) 358-598  Name of Person Area Code Daytime Telephone	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)}	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address	

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 1 - Name:

The name of the Limited Liability Company is:

(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:
21218 St Andrews Blod	21280 St Andrews Blud.
Sait: 139	Suite 139 ,
Born Ration + 1 33433	Boca Rodon + 1 33438
	T
Born Ration # 1 33433	Baca Rodery F1 33438

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:

Charles E Scarlett

21218 St. Andrews Blied, Site 139

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

Boca Roton + 53435

City State Zin

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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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Charles & Scarlett 31218 St. Andrews Blish Suite 139 Boca Raton, Fl. 33433	
<del></del>		
(Use attachment if necessary)		
he date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as	
ARTICLE VI: Other provisions if any. Oraca 12ed for the pro-		
3		
REQUIRED SIGNATURE:	<u>'</u>	
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.		
Typed or printed name of signee		
I yped or printed name of signee		

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

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)