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Special Instructions to	Filing Officer:	

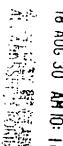




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## **COVER LETTER**

TO:

**New Filing Section** 

Division of Corporations
SUBJECT: REYNOLDS DOMINGUEZ LAW, LL.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:
STEPHANIE R DOMINOUEZ  Name of Person
REYNOLDS DOMINGUEZ LAW Firm/Company
6522 72 ND AVE. NORTH, STE. 233
57. PETCRSBURG, FL 337/O  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephanie Danimurz at (678) 756 - 1626  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status  S155.00 Filing Fee Certificate of Status  Certificate of Status  (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	Æ 1 ·	<ul> <li>Name:</li> </ul>
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The name of the Limited Liability Company is:

REYNOLDS DOMINGUEZ LAW, 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:

10822 22ND AVENORTH Dame	
SUINE 233	
ST. PETERSBURG, FL337/0	

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:

Stephanie R. Dominguez, Esq.

Name

6522 22nd AVE NORTH, STE 233

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

51. PETERSBLE FL 337/C

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..

iered Agent's Signature (REQUIRE)

(CONTINUED)

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

E. V: Effective date, if other than the date of filing:	GR" = Manager	
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:  ective date is listed, the date must be specific and cannot be more than five business days of filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this ment's effective date on the Department of State's records.  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized expresentative of a memb  This document is executed in accordance with section 605.0203 (1) (b). Flort and aware that any false information submitted in a document to the Department constitutes a third degree felony as provided for in s.817.155, F.S.	<del></del>	
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STEPHANIE Q. POMING-UEZ  Typed or printed name of signee	COUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform	or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes. nation submitted in a document to the Department of State
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