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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

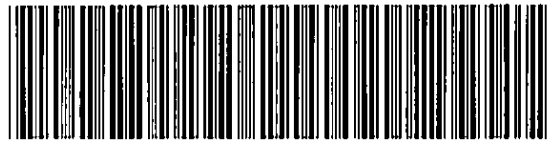
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 SEP 11 PM 3:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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18 SEP 11 AM 9:15
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

SEP 12 2018

T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Law Offices of Brian J. Connelly, PLLC

Signature _____

Requested by:

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

**ARTICLES OF ORGANIZATION
LAW OFFICES OF BRIAN J. CONNELLY, PLLC
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I – NAME

The name of the Limited Liability Company is:
Law Offices of Brian J. Connelly, PLLC

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Professional Limited Liability Company is:

Principal Office Address:
1201 19th Place, Suite B-200
Vero Beach, FL 32960

Mailing Address:
1201 19th Place, Suite B-200
Vero Beach, FL, 32960

**ARTICLE III – PURPOSE OF THE
PROFESSIONAL LIMITED LIABILITY COMPANY**

The purpose of the Professional Limited Liability Company is to engage in the practice of law in the state of Florida.

**ARTICLE IV – REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the initial Registered Agent are:

Brian J. Connelly
1201 19th Place, Suite B-200
Vero Beach, FL 32960

Having been named as initial Registered Agent and to accept service of process for the above stated Professional Limited Liability Company at the place designated in this Article of these Articles of Organization, I hereby accept the designation 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 of the Florida Statutes.

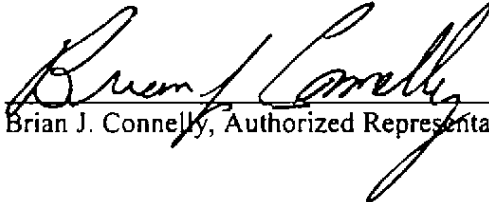

Brian J. Connelly, Registered Agent

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TALLAHASSEE, FLORIDA

ARTICLE V – MANAGEMENT

The Professional Limited Liability Company shall be a manager-managed Professional Limited Liability Company.

The initial Manager of the Professional Limited Liability Company shall be Brian J. Connelly.


Brian J. Connelly, Authorized Representative

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