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SUBJEC	The Law O	ffice Of Vanessa t	Jphoff, F	P.L.L.C.					
		Nan	ne of Lim	ited Liabil	ity Company		_		
The enclo	osed Articles of	Organization and	fee(s) are	submitted	for filing.				
Please re	turn all correspo	ndence concerning	g this ma	tter to the f	following:				
	Vanessa Uph	off, Esq.							
				Name of	Person				
	The Law Office of Vanessa Uphoff, P.L.L.C.						<u>≥</u> 5.	202	
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	Orlando, FL	32867						2:0	1
	Vanessa.M.U	ohoff@gmail.com		ity/State an	d Zip Code			Ú	
				for future a	unnual report notificat	ion)			
For further	r information co	ncerning this matte	er, please	call:					
	Vanessa Uph	off	94 at (1	447-4433				
	Nam	e of Person		rea Code	Daytime Telephon	e Number	-		
Enclosed	is a check for t	he following amou	nt:						
	00 Filing Fee	□\$130.00 Filin Certificate of S	g Fee &	Certifi	5.00 Filing Fee & led Copy al copy is enclosed)	□\$160.00 Certificat Certified (additional o	e of Stat Copy	us &	
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	Divisio	iling Section on of Corporations ox 6327			The Centre of Tallaha 2415 N. Monroe Stre	assec			

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

ARTICLE I - Name:

(Must conta	inessa Uphoff, P.L.L.C in the words "Limited		pany, "L.L.C.," or "LLC.")		-	
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the L	imited Liability Company is:			
Principal Office Address:			Mailing Address:			
The Law Office of Vanessa Uphoff 1317 Edgewater Dr. #1313 Orlando, FL 32804			The Law Office of Vanessa Uphoff PO Box 679409 Orlando, FL 32867			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration	n Registered A on.) d agent are:	Agent's Signature: gent. You must designate an individ	ual or VIII ARA SSEE	2020 HAY -4 F	7
	1317 Edgewater Dr				P# 2:	
	Florida street address (P.O. Box NOT acceptable)				0.5	
	Orlando	FL	32804		O.	
	City	State	Zip			

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:	
"MGR" = Mai	thorized Member	
AMBR	Vanessa Uphoff, Esq.	
14.151	PO Box 679409	
	Orlando, FL 32867	
		
(Use attachme	nt if necessary)	
DTICLE V. Effective	date, if other than the date of filing: (OPTIONAL)	
	sted, the date must be specific and cannot be more than five business days prior to or 90 days at	ter
he date of filing.)	sted, the bate must be specific and eatings be more man are business only provided to see your	
Note: If the date insert	ed in this block does not meet the applicable statutory filing requirements, this date will not be liste to date on the Department of State's records.	d as
DTICLE VI. Other as	uriniana ifanu	
RTICLE VI: Other pr	L.C. is the practice of Law and the rendering of legal services.	
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BEGUIDED	NONE TO THE TOTAL OF THE TOTAL	
REOUIRED	SIGNATURE:	
	1/m/1/h	
	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.	
	Vanessa Uphoff	
	Typed or printed name of signee	

as

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)