

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC
Account Number : 120170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Shauntelle.Hoffman@gmail.com

**FLORIDA LIMITED LIABILITY CO.
Hoffman International CPA, PLLC**

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|-----------------------|----------|
| Certificate of Status | 1 |
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COVER LETTER

Monday, August 31, 2020

To: New Filing Section
Division of Corporation

Subject:
Hoffman International CPA, PLLC
Name of Professional 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:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at Contact@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

**ARTICLES OF ORGANIZATION
FOR
Hoffman International CPA, PLLC
A
Florida Professional Limited Liability Company**

**ARTICLE I.
Name**

The name of the Professional Limited Liability Company is: Hoffman International CPA, PLLC (the Company).

**ARTICLE II.
Address**

The street address of the principal office of the Company is:

5342 Clark Road
#1003
Sarasota, Florida 34233

The mailing address of the Company is:

PO Box 35117
Sarasota, Florida 34242

ARTICLE III.

Registered Agent, Registered office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FI Patel Law PLLC
360 Central Ave
Suite 800
St. Petersburg, Florida 33701

(Continued)

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CLERK OF DISTRICT COURT

Having been named as registered agent and to accept service of process for the above stated professional 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.

Hilary Zalla

(sign)

FL Patel Law PLLC

ARTICLE IV.

Purpose of Practice

The area of professional service of the Company is limited to the practice of public accounting.

ARTICLE V.

Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Professional Limited Liability Company:

| <u>Title</u> | <u>Name and Address</u> |
|---|---|
| AMBR = Authorized Member MGR = Manager | |
| <u>MGR</u> | Shauntelle Hoffman 5342 Clark Road #1003 Sarasota, Florida 34233 |

ARTICLE VI.

The Effective date shall be the date of filing.

SH

(sign)

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.

Shauntelle Hoffman

Authorized Representative/Member