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SECRETARY OF STATE

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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 643651 8333202 AUTHORIZATION : COST LIMIT : ORDER DATE: February 1, 2021 ORDER TIME : 10:37 AM ORDER NO. : 643651-005 CUSTOMER NO: 8333202 DOMESTIC FILING NAME: GOVERNMENT LAW GROUP, PLLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX_ _ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

CORPORATION SERVICE COMPANY

EXAMINER'S INITIALS:

COVER LETTER

	New Filing Section Division of Corporations
SUBJEC	Government Law Group, PLLC
JOBJEC	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Keith Poliakoff
	Name of Person
	Government Law Group, PLLC
	Firm/Company
	14601 Marvin Lane
	Address
	Southwest Ranches, FL 33330
	City/State and Zip Code kpoliakoff@mygovlaw.com
	E-mail address: (to be used for future annual report notification)
or further	information concerning this matter, please call:
	Keith Poliakoff 917 532-6492
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
□\$125.0	0 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallaharana FL 32314 Tallaharana FL 32314 Tallaharana FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2021

CSC



SUBJECT: GOVERNMENT LAW GROUP, PLLC

Ref. Number: W21000011340

We have received your document for GOVERNMENT LAW GROUP, PLLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return 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.

Neysa Culligan Regulatory Specialist III

Letter Number: 821A00002444

Division of Corporations DO DOY 6297 Wellshammer Florida 20014

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 FEB -2 AMII: 45

SECRETARY OF STATE TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
E II - Address:	
ig address and street address of the principal office	of the Limited Liability Company is:
ng address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: <u>Mailing Address</u>
ing address and street address of the principal office Principal Office Address: 14601 Marvin Lane	

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:

Keith Poliakoff		
	Name	
14601 Marvin Lane		
Florida street address (P.O. Box <u>NOT</u> acc	eptable)
Southwest Ranches	Florida	33330
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..

Registered sent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGMR	Keith M. Poliakoff, P.A. 14601 Marvin Lane
	Southwest Ranches, FL 33330
MGR	Neil Schiller, P.A.
	17960 Villa Club Way Boca Raton, FL 33496
	SSEE, FL
	
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Filing Fees:

Ke. H. Pol. a k. S. F. Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)