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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

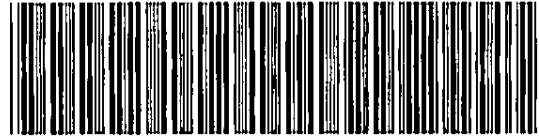
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2021 MAY 25 AM 10:40  
DEPARTMENT OF STATE  
FEE COLLECTIONS SECTION

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: Liza Banks Mediation Services, LLC  
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:

Elisabeth Eubanks  
Name of Person

\_\_\_\_\_  
Firm/Company

7553 Sw 58th Lane, Apt. #215  
Address

Gainesville, FL 32608  
City/State and Zip Code

lizabanks777@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elisabeth Eubanks at ( 352 ) 554-5915  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & 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  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Liza Banks Mediation Services, 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:

Principal Office Address:

Mailing Address:

7553 SW 58th Lane  
Apt. #215  
Gainesville, FL 32608

7553 SW 58th Lane  
Apt. #215  
Gainesville, FL 32608

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:

Elisabeth Eubanks  
Name

7553 SW 58th Lane, Apt. #215  
Florida street address (P.O. Box **NOT** acceptable)

Gainesville                      FL                      32608  
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..*

*Elisabeth Eubanks*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 MAR 25 AM 10:40  
FALL COUNTY, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Elisabeth Eubanks  
7553 SW 58th Lane, Apt. #215  
Gainesville, FL 32608

MGR

Elisabeth Eubanks  
7553 SW 58th Lane Apt. #215  
Gainesville, FL 32608

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 15, 2021 (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

LIZA BANKS MEDIATION SERVICES, I.L.C WILL PROVIDE MEDIATION SERVICES  
FOR CLIENTS INVOLVED IN COURT CASES.

**REQUIRED SIGNATURE:**

*Elisabeth K. Eubanks*

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.

Elisabeth Eubanks

Typed or printed name of signee

**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)



Commissioner Russell C. Weigel, III

April 29, 2021  
Elisabeth Eubanks  
7553 SW 58<sup>th</sup> Lane, Apt. #215  
Gainesville, Florida 32608

Re: Liza Banks Mediation Services, LLC

Dear Ms. Eubanks:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (Liza Banks Mediation Services, LLC) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. The company will also not engage in business purporting to be a financial institution. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state. Should the name become confusing to the public, future modifications may be necessary.

Sincerely,

Russell C. Weigel, III  
Commissioner  
Office of Financial Regulation

RCW:jjj

cc: Gina McLeod, Chief, Bureau of Commercial Recordings, Division of Corporations,  
Department of State