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SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations			
SUBJECT: Probate East and West LLC Name of Limited Liability Company			
Name of Limited Matthiy Company			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Naderie Svissa Marsley Name of Person			
Maderie S. Charsley PA			
Pitin/Company //			
1231 Tyler St.			
Address			
NO 114141000 FL 33019			
City/State and Zip Code			
OCHATSIRU @ Att, nex			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Nadiné Charsley 1, 954, 243-5488			
Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
□\$125.00 Filing Fee Certificate of Status □\$155.00 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

TO:

**New Filing Section** 

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:

(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:

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

Name

Florida street address (P.O. Roy NOT accentable)

i fortida sociel address (1.33. 503. 1101 acceptable)

City State

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 Agent's Signature (REQUIRED)

(CONTINUED)

2022 FEB 22 PM 3: 15
SECRETARY OF STATE

# Title: "AMBR" = Authorized Member "MGR" = Majager AMBR AMBR

REQUIRED SIGNATURE:

ARTICLE IV-

Signature of a member of 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 \$.817.155, F.S.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- S 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)

TILED

2022 FEB 22 PM 3: II