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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

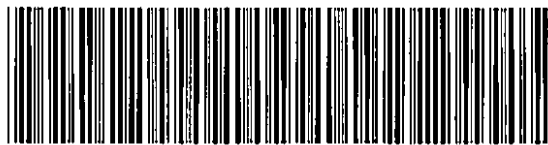
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SS OSCHER, PLLC

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

TALLAHASSEE, FL 32301

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ARTICLES OF ORGANIZATION FOR
FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Professional Limited Liability Company is:

SS Oscher, PLLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Professional Limited Liability Company is:

4506 Woodmere Road
Tampa, Florida 33602

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's
Signature:

The name and the Florida street address of the registered agent are:

Steven S. Oscher
4506 Woodmere Road
Tampa, Florida 33602

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 property 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.



SIGNATURE


ARTICLE IV - Purpose:

This Professional Limited Liability Company is formed for the purpose of providing professional accounting services. Any member must be duly licensed to provide such services.

ARTICLE V - Management:

The name and address of each person/entity authorized to manage and control the limited liability company:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Steven S. Oscher 4506 Woodmere Road Tampa, Florida 33602



Signature of a member or an authorized representative of a member.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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