03/28/20 2 16:42 FAX Fax Copy10th Ø0001/0002 hte ĩ....

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

# (((H22000113809 3)))



H220001138093ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Corporations	
	Fax Number : (850)617-6381	
From:		
	Account Name : SHUTTS & BOWEN LLP (ORLANDO)	
	Account Number : I20030000004	
	Phone : (407)835-6769	
	Fax Number : (407)843-4076	
	**Enter the email address for this business entity to be used for future	- Co
	annual report mailings. Enter only one email address please.**	-3/2
	Email Address: <u>COCPMailOshutto.com</u>	7

# FLORIDA LIMITED LIABILITY CO. WC MATTHEWS, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00



Electronic Filing Menu Co

Corporate Filing Menu

Help



Fax Copy10th

• •

6)

## ARTICLES OF ORGANIZATION FOR FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name**

The name of the Professional Limited Liability Company is:

### WC MATTHEWS, PLLC

and is being formed for the purpose of the practice of law.

### **ARTICLE II – Address**

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

> 421 Arapaho Trail Maitland, Florida 32751

#### **ARTICLE III - Management**

The Company shall be managed by one or more managers, and is thus a manager-managed professional limited liability company. The initial manager shall be William C. Matthews.

## ARTICLE IV - Registered Agent and Office and Registered Agent's Signature

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

William C. Matthews, Esq. 421 Arapaho Trail Maitland, Florida 32751

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, Florida Statutes.

BY III		22 HAR
(Registered Agent's Signature)	-	29
10/22		Į.,
Signature of a member or an authorized representative of a member		-92

William C. Matthews, Authorized Representative

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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, Florida Statutes)