

L22000458105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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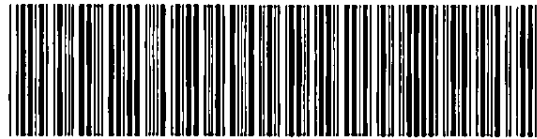
(Business Entity Name)

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S. CHATHAM

OCT 26 2022

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CALLAHANSEE, FLORIDA



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **October 13, 2022**

Account#: I200000000088

Name: **David Shulman**

Reference #: **1808643**

Entity Name: **DUGGAN BERTSCH, PLLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

**ISSUES? CALL**

**David:**

**850-270-0082**

Authorized Amount: **\$125.00**

Signature: *David Shulman*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2022

COGENCY GLOBAL, INC.

SUBJECT: DUGGAN BERTSCH, PLLC  
Ref. Number: W22000133097

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2022 OCT 25 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for DUGGAN BERTSCH, PLLC. However, the document has not been filed and is being returned for the following:

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

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham  
Regulatory Specialist II  
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Letter Number: 922A00023605

Examples include, practice of  
law, real estate, medicine, etc.

↗  
Corrected



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **October 13, 2022**

Account#: 1200000000088

Name: **David Shulman**

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☐ Fictitious Name

☐ Other \_\_\_\_\_

**ISSUES? CALL**

**David:**

**850-270-0082**

Authorized Amount: **\$125.00**

Signature: *David Shulman*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DUGGAN BERTSCH, PLLC

(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:

303 W. MADISON ST.

303 W. MADISON ST.

STE. 1000

STE. 1000

CHICAGO, IL 60606

CHICAGO, IL 60606

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:

CHRISTOPHER WEGNER

Name

875 109TH AVE. N., STE. 302

Florida street address (P.O. Box **NOT** acceptable)

NAPLES

FL

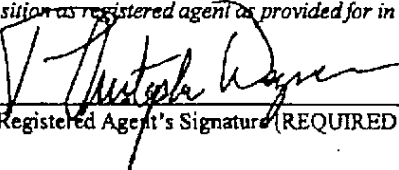
34108

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 Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATE  
AND FINANCIAL SERVICES  
JAN 25 4:10 PM

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

JAMES M. DUGGAN  
303 W. MADISON ST., STE. 1000  
CHICAGO, IL 60606

MGR

GREGORY J. BERTSCH  
303 W. MADISON ST., STE. 1000  
CHICAGO, IL 60606

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

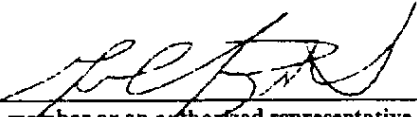
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

practice of law

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.

GREGORY J. BERTSCH, MANAGER

Typed or printed name of signer

**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)

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