

11/30/22, 5:21 PM

Division of Corporations

**L22000500761**  
**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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To:

Division of Corporations  
 Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC  
 Account Number : I20170000097  
 Phone : (727)279-5037  
 Fax Number : (727)888-1294

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: **Support@flpatellaw.com**

**FLORIDA LIMITED LIABILITY CO.**

**Muniz Law Firm, PLLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

*Lex*



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## COVER LETTER

Wednesday, November 30, 2022

To: New Filing Section  
Division of Corporation

Subject:  
**MUNIZ LAW FIRM, PLLC**  
Name of Professional 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:

**FL Patel Law PLLC**  
360 Central Avenue  
8<sup>th</sup> Floor  
St. Petersburg, Florida 33701  
Fax: 727-888-1294

**For further information concerning this matter, please call or e-mail:**  
Ada Reyes 727-279-5037 or e-mail at Support@flpatellaw.com

**Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status**

**FL Patel Law PLLC**

22 DEC -1 PM 12:35  
FILING SECTION  
DIVISION OF CORPORATION

**ARTICLES OF ORGANIZATION**  
**FOR**  
**MUNIZ LAW FIRM, PLLC**  
**A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

**ARTICLE I.**  
**Name**

The name of the professional limited liability company is: Muniz Law Firm, PLLC (the "Company").

**ARTICLE II.**  
**Address**

The principal office and mailing address of the Company is:

300 SE 2<sup>nd</sup> Street  
Suite 600  
Fort Lauderdale, Florida 33301

**ARTICLE III.**  
**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent are:

FLP RA Services LLC  
360 Central Avenue  
Suite 800  
St. Petersburg, FL 33701

*Having been named as Registered Agent and to accept service of process for the above stated Professional 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.*

*Ada Reyes*

(sign)

\_\_\_\_\_  
FLP RA Services LLC

22 DEC - 1 PM 12:35  
FALL 2022

**ARTICLE IV.**  
**Area of Practice**

The area of professional service of the Company is limited to the practice of law.

**ARTICLE V.**  
**Authorized Members and Managers**

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

| <u>Title</u>                              | <u>Name and Address</u>  |
|---|--|
| AMBR = Authorized Member<br>MGR = Manager |  |
| <u>MGR</u>                                | Charles A. Muniz<br>300 SE 2 <sup>nd</sup> Street<br>Suite 600<br>Fort Lauderdale, Florida 33301 |

**ARTICLE VI.**

The Effective date shall be the date of filing.

  
 \_\_\_\_\_ (sign)

**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.

\_\_\_\_\_  
 Charles A. Muniz  
 Authorized Representative/Member

22 DEC -1 PM 12:35  
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