

L23000463520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

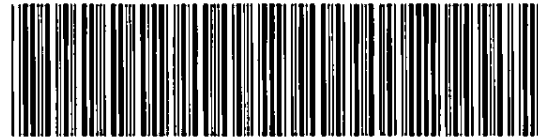
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200416971682

U. S. DEPARTMENT OF COMMERCE
OCT 10 2023

2023 OCT -9 AM 9:03

RECEIVED
2023 OCT -9 PM 3:35
DIRECTOR OF
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

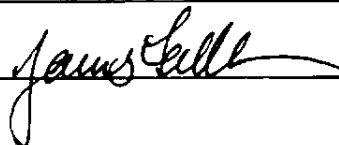
2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$160.00

Authorization Signature: _____ :



SCOTT D. HERSHENSON, PLLC

BUSINESS NAME _____

DOCUMENT # _____

☒ **X_Certified Copy**

☒ **X_Certificate of Status**

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☒ **X_Limited Liability**

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

OTHER FILINGS

☐ Apostille

☐ Country

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Reinstatement

☐ Qualification

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SCOTT D. HERSHENSON, PLLC
Name of 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:

SCOTT D. HERSHENSON
Name of Person

SCOTT D. HERSHENSON, PLLC
Firm/Company

1580 SAWGRASS CORPORATE PKWY, SUITE 130
Address

SUNRISE, FL 33323
City/State and Zip Code

SCOTT@LAWIMMIGRATION.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT HERSHENSON at (954) 990-9914
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

Mailing Address

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:

SCOTT D. HERSHENSON, 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:

1580 SAWGRASS CORPORATE PKWY

SUITE 130

SUNRISE, FL 33323

Mailing Address:

1580 SAWGRASS CORPORATE PKWY

SUITE 130

SUNRISE, FL 33323

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:

SCOTT D. HERSHENSON

Name

1580 SAWGRASS CORPORATE PKWY, SUITE 130

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

SUNRISE

FL

33323

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)

2007 OCT -9 AM 9:03

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR _____

SCOTT D. HERSHENSON
1580 SAWGRASS CORPORATE PKWY, STE 130
SUNRISE, FL 33323

MGR _____

MEGAN DARA SAPERSTEIN HERSHENSON
1580 SAWGRASS CORPORATE PKWY, STE 130
SUNRISE, FL 33323

2023 OCT -9 AM 9:03

(Use attachment if necessary)

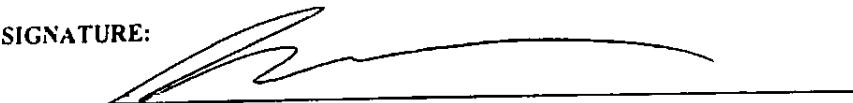
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

THIS PROFESSIONAL LIMITED LIABILITY COMPANY IS FORMED FOR THE PURPOSE OF TRANSACTING ANY AND ALL LEGAL BUSINESS PERTAINING TO THE 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.

SCOTT D. HERSHENSON

Typed or printed name of signee

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)