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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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Commissioner Russell C. Weigel, III

VIA ELECTRONIC MAIL

February 5, 2024

Lafayette L. Banks 111 Ranch Land Circle Saint Johns, Florida 32259

Re: Lafayette L. Banks, PLLC

Dear Ms. Banks:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (Lafayette L. Banks, PLLC) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. The company will also not engage in business purporting to be a financial institution. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state. Should the name become confusing to the public, future modifications may be necessary.

Sincerely,

Jason M. Guevara

Financial Administrator

Division of Financial Institutions

Office of Financial Regulation

JMG:td

cc: Lee Yarbrough, Chief, Bureau of Commercial Recordings, Division of Corporations, Department of State

## COVER LETTER

|             | New Filing Sec<br>Division of Co |                                     |                  |   |               |   |
|-------------|----------------------------------|-------------------------------------|------------------|---|---------------|---|
| SUBJEC      | Lafayette I                      | L. Banks, PLLC                      |                  |   |               |   |
| SUBJEC      | ·                                | Nan                                 | ne of Limited    | Liability Company   | y             | <del></del>   |
| The enclo   | osed Articles of                 | Organization and                    | fee(s) are subi  | nitted for filing.  |               |   |
| Please ret  | turn all correspo                | ondence concernin                   | g this matter to | the following:  |               |   |
|             | Lafayette L.                     | Banks                               |                  |   |               |   |
|             |                                  | -                                   | Na               | me of Person  |               |   |
|             |                                  |                                     |                  |   |               |   |
|             |                                  |                                     | Fir              | rm/Company  |               |   |
|             | 111 Ranch L                      | and Circle                          |                  |   |               |   |
|             |                                  | - "                                 |                  | Address   |               |   |
|             | St. Johns FL                     | 32259                               |                  |   |               |   |
|             | I afavette@I                     | afayetteLBanks.co                   | _                | ate and Zip Code  |               |   |
|             |                                  | E-mail address: (to                 |                  | iture annual repor  | t notificatio | on)   |
| For further | information co                   | ncerning this matte                 | er, please call: |   |               |   |
|             | Lafayette L.                     | Banks                               | 904<br>at (      | 274-0760  | 1             |   |
|             | Nam                              | ne of Person                        | Area Co          | ode Daytime   | Telephone     | Number  |
| Enclosed    | is a check for t                 | he following amou                   | int:             |   |               |   |
|             | 00 Filing Fee                    | □\$130.00 Filin<br>Certificate of S | g Fee & itatus ( | ■\$155.00 Filing l<br>Certified Copy<br>ditional copy is er |               | □\$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|             |                                  | ng Address                          |                  | Street Add  |               |   |
|             |                                  | iling Section<br>on of Corporations |                  | New Filing Section Division The Centre of Tallahassee       |               |   |
|             |                                  | on of Corporations<br>Box 6327      |                  | 2415 N. Ma  |               |   |
|             |                                  | assee, FL 32314                     |                  | Tallahassee   | , FL 32303    |   |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:         |    |
|---------------------------|----|
| The name of the Limited I | ار |

iability Company is:

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Mailing Address:

|  | SASALED 14                                       |
|--|--|
| Lafayette L. Banks, PLLC   |  |
| (Must contain the words "Limited Liabi   | lity Company, "L.L.C.," or "LLC.")(" See SEE, FL |
| ARTICLE II - Address: The mailing address and street address of the principal office | of the Limited Liability Company is:             |

| <u> </u>              | <del></del>           |
|-----------------------|-----------------------|
| 111 Ranch Land Circle | 111 Ranch Land Circle |
| St. Johns FL 32259    | St. Johns FL 32259    |
|                       |                       |

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:

Principal Office Address:

| Lafayette L. Banks   |                            |            |
|----------------------|----------------------------|------------|
|                      | Name                       |            |
| 111 Ranch Land Cir   | cle                        |            |
| Florida street addre | ss (P.O. Box <u>NOT</u> ac | eceptable) |
| St. Johns            | FL                         | 32259      |
| 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..

(CONTINUED)

# 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                                   |  |
| CEO   | Lafavette L. Banks   |
| <del></del>                                       | 111 Ranch Land Circle  |
|   | St. Johns FL 32259   |
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| (Use attachment if necessary)                     |  |
| (Ose attachment if necessary)                     |  |
| ADTICLE V. Perating data is athorshow the date    | e of filing: (OPTIONAL)  |
| ARTICLE V: Effective date, if other than the date | of fing: (OF HONAL)  |
| •   | pecific and cannot be more than five business days prior to or 90 days after       |
| the date of filing.)                              |  |
|   | 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.             |  |
| Keal Estate                                       |  |
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|   | <u> </u>   |
|   |  |
| DECLUDED CLCMATIME.                               |  |
| REOUIRED SIGNATURE:                               | $f(\cdot)$   |
| / 4 1   | HI SE K. W.  |
|   | ytti X Danks   |
| Signature of a m                                  | ember or an authorized representative of a member.                                 |
| This document is execu                            | ned in accordance with section 605.0203 (1) (b), Florida Statutes.                 |
| I am aware that any fals                          | e information submitted in a document to the Department of State                   |
| constitutes a third degre                         | ee felony as provided for in s.817.155, F.S.                                       |
| <b>.</b>  |  |
| Lafayette LBanks                                  | S  |
|   | 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)