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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

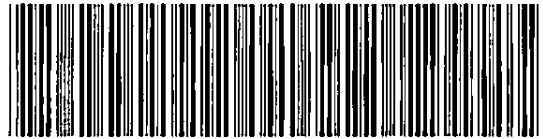
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: JOANNE McCURDY, 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:

JOANNE McCURDY

Name of Person

JOANNE McCURDY, PLLC.

Firm/Company

7686 WEXFORD WAY

Address

PORT ST. LUCIE, FL 34986

City/State and Zip Code

joannemccurdy1@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOANNE McCURDY

772

216.2821

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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

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## LAW OFFICES OF JAMES P. COVEY, P.A.

<b><u>VERO BEACH OFFICE</u></b> 1575 Indian River Blvd, Suite C-120 Vero Beach, FL 32960 Telephone: 772.770.6160 Facsimile: 772.770.6074	<b><u>STUART OFFICE</u></b> 2207 South Kanner Highway Stuart, FL 34994 Telephone: 772.286.5820 Facsimile: 772.286.1505
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### **James P. Covey, J.D., M.B.A.** **Licensed to practice in Florida and Maryland**

Robyn Haffield, Florida Registered & Sr. Paralegal/Firm Manager  
Melanie B. Kelhoffer, Sr. Paralegal  
Sierra Gullo, Paralegal

Merrily Minardi, Accounting Services  
Debbie Hogsten, Accounting Services  
Gerard Scobie, Client Support Services  
Lorraine Szappan, Client Support Services  
Rodney Black, Client Support Services

May 10, 2024

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street  
Suite 810  
Tallahassee, FL 32303

**Re: JOANNE McCURDY, PLLC.**

Enclosed, please find the following:

1. Cover Letter;
2. Articles of Organization for Joanne McCurdy, PLLC.;
3. Check No. 12112 which is made payable to the Florida Department of State in the amount of \$130.00 representing the Filing Fee & Certificate of Status for Joanne McCurdy, PLLC.

If you should have any questions or should need any further information to complete this request, please contact my Vero Beach office at 772.770.6160.

Sincerely,

James P. Covey, Esq.

/mk

enclosures

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOANNE McCURDY, 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:

7686 WEXFORD WAY  
PORT ST. LUCIE, FL 34986

Mailing Address:

7686 WEXFORD WAY  
PORT ST. LUCIE, FL 34986

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:

JOANNE McCURDY

Name

7686 WEXFORD WAY

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

<u>PORT ST. LUCIE</u>	<u>FL</u>	<u>34986</u>
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.*

Joanne McCurdy

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

AMBR

JOANNE McCURDY  
7686 WEXFORD WAY  
PORT ST. LUCIE, FL 34986

MGR

JOANNE McCURDY  
7686 WEXFORD WAY  
PORT ST. LUCIE, FL 34986

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Joanne McCurdy  
**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.

Joanne McCurdy

\_\_\_\_\_  
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)

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