

L9800000518

TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
98 APR 22 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Accounting Professionals, L.L.C.  
(Proposed limited liability company name - must include suffix)

000002436530--3  
-04/22/98--01058--002  
\*\*\*\*293.75 \*\*\*\*293.75

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

CM

\$250.00 Filing fee for Articles of Organization and Affidavit  
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

FROM: Laura L. Altman  
Name (Printed or typed)

9753 S. Ornage Blossom Trail #213  
Address

Orlando, Florida 32837  
City, State & Zip

407-888-9858  
Daytime Telephone number

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:      **Accounting Professionals, L.L.C.**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**9753 South Orange Blossom Trail  
Orlando, Florida 32837**

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

**The company will have a perpetual existence.**

**ARTICLE IV - Management:**

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

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☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

**Laura L. Altman  
9753 S. Ornage Blossom Trail  
Orlando, Florida 32837**

**Paula Todd  
9753 S. Orange Blossom Trail  
Orlando, Florida 32837**

#### ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Member will be admitted only to maintain the minimum number required under sec. 608.409, Florida Statutes.

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#### ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Members shall have the rights to continue the business on the death, retirement, expulsion, bankruptcy or dissolution of a member.

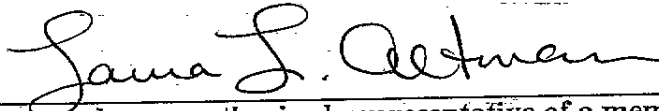
NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

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The undersigned member or authorized representative of a member of \_\_\_\_\_  
Accounting Professionals, L.L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ \_\_\_\_\_  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 5,000.00  
This total includes amounts from 2 and 3 above.



\_\_\_\_\_  
Signature of a member or authorized representative of a member.

In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

Accounting Professionals, L.L.C.

2. The name and address of the registered agent and office is: \_\_\_\_\_

Laura L. Altman  
(NAME)

9753 S. Ornage Blossom Trail  
(P. O. Box NOT ACCEPTABLE)

Orlando, Florida 32837  
(CITY/STATE/ZIP)

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*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.*

Laura L. Altman  
(SIGNATURE)

4/3/98  
(DATE)