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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

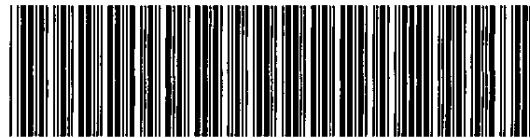
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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W12-52042

## COVER LETTER

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

**SUBJECT:** Law Offices of Ashley Coppola, P.A.  
(PROPOSED CORPORATE NAME – **MUST INCLUDE SUFFIX**)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Ashley Coppola  
Name (Printed or typed)

190 North Compass Drive  
Address

Fort Lauderdale, FL 33308  
City, State & Zip

(954)632-0211  
Daytime Telephone number

AMC190FTL@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 OCT 22 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 10, 2012

ASHLEY COPPOLA  
190 N COMPASS DR  
FORT LAUDERDALE, FL 33308

SUBJECT: LAW OFFICES OF ASHLEY COPPOLA, P.A.  
Ref. Number: W12000052042

We have received your document for LAW OFFICES OF ASHLEY COPPOLA, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize. ~~see #6~~

You must list at least one incorporator with a complete business street address. ~~see #8~~

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 212A00025064

# Articles of Organization Of Law Offices of Ashley Coppola, P.A.

The undersigned, under the provisions of Chapter 608 and/or chapter 621 F.S. for the purposing of forming a professional association under the law of the State of Florida, do set forth the following:

## **I. Name**

The name of the professional association is **Law Offices of Ashley Coppola, P.A.** (hereinafter referred to as the "Company").

## **II. Company Existence**

The Company's existence shall be perpetual and shall be effective upon the filing of these Articles of Organization with the Florida Department of State.

## **III. Address of Place of Business**

The Mailing address for the Company is 190 North Compass Drive, Fort Lauderdale, FL, 33308. The street address of the place of business for the Company is 190 North Compass Drive, Fort Lauderdale, FL 33308. These addresses may be changed from time to time.

## **IV. Registered Agent**

The registered agent in Florida for the Company is Ashley M. Coppola, and the initial registered office is located at 190 North Compass Drive, Fort Lauderdale, FL 33308.

## **V. Purpose and Power**

The Company shall be formed for the principal purpose of providing legal services and for any other lawful purposes to the extent permitted under Florida Statutes.

## **VI. Number of Shares of Authorized Stock**

The Company shall authorize 100 shares of stock.

## **VII. Capital Contributions**

Contributions to the capital of the Company shall be made by the members, in the manner prescribed by the written Operating Agreement made and entered into by the members and which may be amended from time to time in accordance with its terms.

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## **VIII. Members**

The Company shall have at least one member and may admit additional members on the prior unanimous written agreement of the then existing members, or as otherwise provided in the Operating Agreement. The listed incorporator is Ashley M. Coppola whose business street address is: 190 North Compass Drive, Fort Lauderdale, FL 33308.

## **IX. Continuity of Business**

On the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or on the occurrence of any other event that terminates the continued membership of a member in the Company, or upon any other event that, under the Act, would result in dissolution of the Company may be continued and the Company will not be dissolved without the prior written consent of all the remaining members of the Company.

## **X. Management**

The overall management and control of the business and affairs of the Company shall be vested in its members as provided in these Articles of Organization and Florida Statutes. Any and all action by the Company shall require the vote of members holding a majority interest in the Company or as otherwise provided in the Operating Agreement.

## **XI. Amendment of Articles of Organization**

The Company reserves the right to amend, alter, change or repeal any provisions contained in these Articles of Organization in the manner now or hereafter prescribed by statute and all rights conferred upon members herein are granted subject to this reservation.

## **XII. Indemnification**

Except as expressly provided in the Operating Agreement, the Company shall indemnify any member, manager or former member or manager to the full extent permitted under the Act.

## **XIII. Informal Action of Members**

Any action of the Members may be taken without meeting if consent in writing setting forth the action so taken shall be signed by all Members who would be entitled to vote upon such action at a meeting (and filed with the Managing Member of the Company as part of its records).

## **XIV. Limitation on Agency Authority of Members**

2 OCT 22 PM 3:22  
RECEIVED  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

Pursuant to Florida Statutes, no member of the Company shall be an agent of the Company solely by virtue of being a member.

### Statement Accepting Appointment As Registered Agent

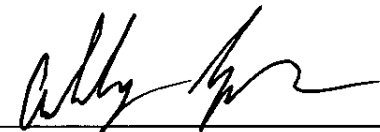
I hereby accept the designation as registered agent to accept service of process for the above stated professional association at the place designated in these Articles. I am familiar with and accept the obligations of my position as registered agent under Florida Statutes and agree to act in this capacity.



Signature of Registered Agent  
Ashley M. Coppola

Executed at Fort Lauderdale, Florida on October 5, 2012

Law Offices of Ashley Coppola, P.A.,  
a Florida professional association

By: 

Ashley M. Coppola, Managing Member

STATE OF FLORIDA  
COUNTY OF BROWARD

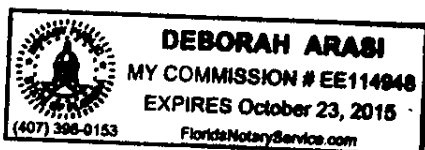
The foregoing instrument was acknowledged before me on October 5, 2012, by Ashley M. Coppola, as Managing Member and Registered Agent, who is personally known to me.

(Seal)



Notary Public- State of Florida

Print Name: Deborah Arasi



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