

L11000048128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

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

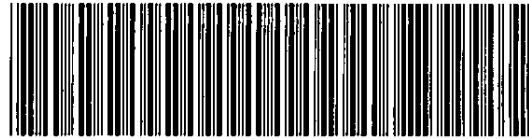
Special Instructions to Filing Officer:

**L. SELLERS**

APR 22 2011

**EXAMINER**

Office Use Only



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04/21/11--01037--004 \*\*155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 21 PM 4: 29

**FILED**

ATTORNEYS CORPORATION SERVICE, INC.  
5668 EAST 61<sup>ST</sup> STREET  
COMMERCE, CA 90040  
TEL: (800) 462-5487 ext.104 FAX: (800) 388-0330  
EMAIL: nancy@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

**REQUEST FILING SERVICE**

DATE: APRIL 19, 2011

FROM: NANCY HERNANDEZ

Client Matter: # 9040541

TO: REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
CLIFTON BUILDING  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: **A.A.L. & F. Southern Limited Resolution Administration  
Company, LLC**

Enclosed is one of the following: **(1) Articles of Organization**

Return request with filing: **(1) Certified Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: (7)

**\*\*Fax/Email a copy of the filed documents upon acceptance of filing\*\***

**\*\*PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:  
ATTORNEYS CORPORATION SERVICE, INC.\*\*  
5668 E. 61<sup>ST</sup> STREET  
COMMERCE, CA 90040**

**\*\*PLEASE CONFIRM UPON RECEIVED DOCUMENTS\*\***

NOTE(S):

CK# 603835 \$155.00 (STATE FILING FEE & CERTIFIED COPY FEE)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A. A. L. + F. Southern Limited Resolution Administration Company, LLC  
(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:

NANCY HERNANDEZ

(Name of Person)

ATTORNEYS CORPORATION Service, Inc.

(Firm/Company)

5668 E. 61st Street

(Address)

Commerce CA 90040

(City/State and Zip Code)

For further information concerning this matter, please call:

NANCY HERNANDEZ

(Name of Person)

at ( 800 ) 462-5487 ext: 104

(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

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A.A.L.+F. Southern Limited Resolution Administration Company, LLC  
(Must end with 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:**

27475 Ynez Rd. #735  
Temecula, CA 92591

**Mailing Address:**

27475 Ynez Rd. #735  
Temecula, CA  
92591

**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:

USA-RA LLC

Name

841 Prudential Drive Floor 12-6491007

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

Jacksonville

FL 32207

City, State, and 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 608, F.S..*

USA-RA LLC

By: Kyle Lavender

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Brian Elliot  
27475 Ynez RD # 735  
Temecula, CA 92591

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**REQUIRED SIGNATURE:**

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

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

Scott Edward Darling  
\_\_\_\_\_  
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)