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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

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

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

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 MAR 17 PM 3:43

G. MCLEOD  
MAR 19 2008  
EXAMINER

## **COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Nation's Choice Financial Solutions, 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:

James P. Adorna Jr.

(Name of Person)

Nation's Choice Financial Solutions

(Firm/Company)

9549 Shepard Place

(Address)

Wellington, FL 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

James P. Adorna

(Name of Person)

at ( 561 ) 254-1521

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Nation's Choice Financial Solutions, 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:

9549 Shepard Place  
Wellington, FL 33414

#### Mailing Address:

9549 Shepard Place  
Wellington, FL 33414

### 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:

James P. Adorna

Name

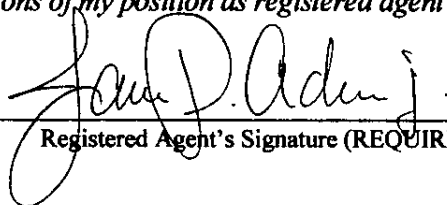
9549 Shepard Place

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

Wellington, FL 33414 FL

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.*



Registered Agent's Signature (REQUIRED)

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

**"MGRM" = Managing Member**

Wellington, FL 33414

MGRM

**Lake Worth, FL 33467**

(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.)

Typed or printed name of signee

**\$ 5.00 Certificate of Status (Optional)**