

L00000001120

ACCOUNT BILLING COVER SHEET

ACCOUNT NUMBER: PCA000000005

REFERENCE: 4022017-1
(Sub Account)

DATE: 8-31

\$125.00

REQUESTOR NAME: Lexis Document Services

ADDRESS: 02250-D113-0117-00671

TELEPHONE: () () EXT ()

CONTACT NAME:

CORPORATION NAME: Trans Continental Processing, LLC

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

C. Woodward
Cynthia J. Woodward

RECEIVED
00 AUG 31 AM 11:23
DIVISION OF CORPORATION

☐ CERTIFIED COPY (1-9)
☒ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

☒ Call When Ready () Call if Problem () After 4:00
☒ Walk In () Will Wait () Pick Up
☒ Mail Out

30000337800

W-216

00 SEP 14 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

9-14-00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 31, 2000

LEXIS

SUBJECT: TRANS CONTINENTAL PROCESSING, LLC
Ref. Number: W00000021498

We have received your document for TRANS CONTINENTAL PROCESSING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal's office address. This address must be a street address; a post office box is not acceptable.

The document must contain the entity's complete mailing address.

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) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 500A00046612

APPROVED
AND
FILED
00 SEP 14 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
TRANS CONTINENTAL PROCESSING, LLC

The undersigned, an authorized natural person, for the purpose of forming a limited liability company, under the provisions and subject to the requirements of the State of Florida, hereby certifies that:

FIRST: The name of the limited liability company (hereinafter called the "Limited Liability Company") is **Trans Continental Processing, LLC**.

SECOND: The street and mailing address, wherever located, of the principal office of the Limited Liability Company is 1007 North Federal Highway #173, Ft. Lauderdale, FL 33304.

THIRD: The address of the registered office and the name and the address of the registered agent of the Limited Liability Company required to be maintained are:

LEXIS Document Services Inc.
3953 WW Kelley Road
Tallahassee, FL 32311

Having been named as registered agent and to accept service of process for the above-named limited liability company at the place designated in these Articles of Organization, 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.

LEXIS DOCUMENT SERVICES INC.

By: 

Name Janet M. Budhu
Title Ass't Secretary

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

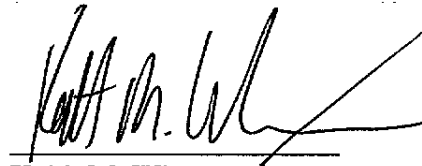
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APPROVED
AND
FILED

FOURTH: The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager managed company.

FIFTH: The Limited Liability Company shall, to the fullest extent permitted by the provisions of the Florida Statutes, as the same may be amended and supplemented, indemnify the members, managers, officers and directors of the Limited Liability Company.

Dated: August 30, 2000



Keith M. Wixson
Authorized Person

APPROVED
AND
FILED

00 SEP 14 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA