

L000000012865

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H00000055418 8))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)922-4003

From: Account Name : R.C. UNGER CPA PA
Account Number : 119990000023
Phone : (941)408 9555
Fax Number : (941)408-9553

LIMITED LIABILITY COMPANY

Matrix Recovery, LLC

RECEIVED
00 OCT 20 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

FILED
00 OCT 20 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10/20/20

ZP

((H00000055418 8)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Matrix Recovery, LLC

ARTICLE II - Address:

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

1532 US 41 Bypass S, #300, Venice, FL 34293-1032

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Edgar J. LaCombe
Name

1481 Olympia Road
Florida street address (P.O. Box NOT acceptable)

Venice, FL 34293-4804
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..

Edgar J. LaCombe
 Registered Agent's Signature

ARTICLE IV - Management (Check if box applicable.):

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

(An additional article must be added if an effective date is requested)

Edgar J. LaCombe
 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.)

Edgar J. LaCombe
 Typed or printed name of signer

FILED
 00 OCT 20 AM 11:56
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

FILING FEES:

\$ 100.00	Filing Fee for Article of Organization
\$ 25.00	Designation of Registered
\$ 30.00	Certified Copy (OPTIONAL)
\$ 5.00	Certificate of Status (OPTIONAL)