

L0100005259

FCRS, LLC
114-B Ponce de Leon Blvd.
Coral Gables, Florida 33135
Phone: 305-445-8799
Fax: 305-445-1139

March, 26 2001

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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-04/02/01--01018--001
***160.00 ***160.00

To Whom It May Concern:

L01-52 59

We have enclosed a check payable to the Department of State for the amount of \$160 for the filing fee for, FCRS, LLC.

Any comments or questions please contact us.

Very truly yours,

Richard A. Reposa

RAR/as
Enclosures

as/Articles of Org.doc

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FILED
01 MAR 30 AM 9:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FCRS, LLC

ARTICLE II - Address:

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

114-B PONCE DE LEON BLVD
CORAL GABLES, FL 33135

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

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

RICHARD A. REPOSA

Name


114-B PONCE DE LEON BLVD

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

CORAL GABLES FL 33135

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.

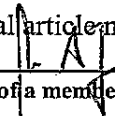


Registered Agent's Signature

Article IV - Management (Check box if 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)



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.)

RICHARD A. REPOSA

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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