CAPITAL CONNECTION, INC.

*417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Art of Inc. File_

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	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	Art. of Amend. File RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy 20
	Photo Copy
	Certificate of Good Standing
40	Certificate of Status
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Requested by:	UCC 1 or 3 File
<u>10</u> <u>4-17-01</u> <u>4-30</u>	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 18, 2001

CAPITAL CONNECTION, INC.

SUBJECT: FINALIZA, LLC Ref. Number: W01000021580

We have received your document for FINALIZA, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following:

The document must contain both the street address of the principal office and the mailing address of the entity.

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) 245-6025.

Letter Number: 201A00052142

Trevor Brumbley Document Specialist

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: FINALIZA, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 35C Stratford Lane Boynton Beach, Fl 33436.

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

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

JONATHAN BURKE	
Name 35C Stratford Lane	·-
Florida street address (P.O. Box NOT acceptable) Boynton Beach FL 33436	_
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 ve date is requested) Signature of smember 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.) JONATHAN BURKE Typed or printed name of signee Filing Fees: \$100.00 Filing Fee for Articles of Organization S 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)