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BERKOVITS, LAGO & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS 8211 WEST BROWARD BOULEVARD - SUITE 340 PLANTATION, FLORIDA 33324

City/State/Zip

CR2E031(7/97)

Phone #

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1		4000046876047
(Corporation Name)	(Document #)	
2.		wo1-26676
(Corporation Name)	(Document #)	
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4(Corporation Name)	(Document #)	
Walk in Pick up time		Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R. Change of Registe Dissolution/Withe	
OTHER FILINGS	REGISTRATION/Q	UALIFICATION =
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnersh ☐ Reinstatement ☐ Trademark ☐ Other	OTA 22
		Examiner's Initials

#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 21, 2001

BERKOVITS, LAGO & CO., LLP 8211 WEST BROWARD BLVD., STE 340 PLANTATION, FL 33324

SUBJECT: DEBT MANAGEMENT SYSTEMS, LLC

Ref. Number: W01000026676

We have received your document for DEBT MANAGEMENT SYSTEMS, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6097.

Michael Mays Document Specialist

Letter Number: 001A000623

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Debt Management Systems, LLC

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 8211 West Broward Blvd.#340 Plantation, Fl. 33324

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

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

Joe S. Berkovits			
Name			
8211 W. Broward I	Blvd. #340		
Florida street address (P.O. Box NOT acceptable)			
Plantation	FL 33324		
City, State, a	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.

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 of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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)