

LD20000008850

Requester's Name

Bradley Hamman  
867 Cranes Court  
Maitland, FL 32751

City/State/Zip

Phone #

100005113691--8  
-03/18/02--01067--015  
\*\*\*\*125.00 \*\*\*\*125.00

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

W02-8023  
J. BRYAN MAR 22 2002  
J. BRYAN APR 15 2002



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 22, 2002

BRADLEY HAMMAN  
867 CRANES CT.  
MAITLAND, FL 32751

SUBJECT: AUTOMATED RECOVERY SOLUTIONS, LLC  
Ref. Number: W02000008023

FILED  
2002 APR 12 AM 9:57  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for AUTOMATED RECOVERY SOLUTIONS, 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 the original and one copy of 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.

Joey Bryan  
Document Specialist  
Tax Liens

Letter Number: 302A00017173

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
**Automated Recovery Solutions, LLC**

**ARTICLE II - Address:**

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

**867 Cranes Court Maitland, Florida 32751**

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

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

**Bradley Hamman  
867 Cranes Court  
Maitland, FL 32751**

*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.)

**Brad Hamman**  
\_\_\_\_\_  
Typed or printed name of signee

**FILED**  
2002 APR 12 AM 9:57  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA