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02 DEC -5 AM 9: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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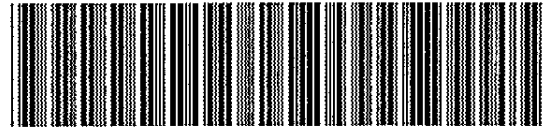
(Business Entity Name)

(Document Number)

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December 2, 2002

Patricia Croizat
4101 W. Neptune Street
Tampa, FL 33629

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

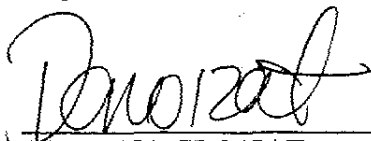
Re: Cover Letter

Dear Sir/Madam,

Per the requirements stated in the forms and instructions outline here is the requested information.

PATRICIA CROIZAT
4101 W. NEPTUNE STREET
TAMPA, FL 33629
(813) 639-9772

Regards


PATRICIA CROIZAT

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02 DEC -5 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

02 DEC -5 AM 9: 52

ARTICLE I - Name:

The name of the Limited Liability Company is:

BANKERS CONSULTING GROUP OF FLORIDA, L.L.C.

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

4101 W. NEPTUNE STREET, TAMPA, FL 33629

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

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

PATRICIA CROIZAT

Name

4101 W. NEPTUNE STREET

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

TAMPA FL 33629

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.

[Signature]

Registered Agent's Signature

I PATRICIA CROIZAT KNOWINGLY & WILLFULLY UNDERSTAND & ACCEPT THE OBLIGATIONS OF THE POSITION.

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

[Signature]
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.)

PATRICIA CROIZAT

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)