

LO3000003206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability

Document

Examiner

DCC

Office Use Only

Editor

DCC

DCC

t DCC

per

DCC



200010389242

01/24/03--01073--002 **125.00

FILED

03 JAN 24 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONSOLIDATED FINANCIAL SOLUTIONS, LLC
1321 CATALINA RD. EAST
JACKSONVILLE, FL 32216
(843) 343-6296

January 17, 2003

Florida Dept of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

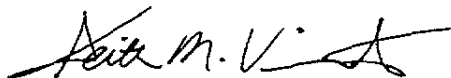
To Whom It May Concern:

Please find enclosed our Articles of Organization For Florida Limited Liability Company and a check in the amount of \$125.00.

Please feel free to contact me at the above phone number if you have any questions.

FILED
03 JAN 24 AM 10 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sincerely,



Keith M. Vincent

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
CONSOLIDATED FINANCIAL SOLUTIONS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
1321 CATALINA RD. EAST
JACKSONVILLE, FL 32216

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

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

KEITH M. VINCENT

Name

1321 CATALINA RD. EAST

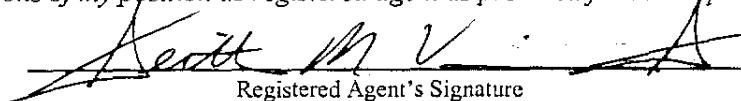
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE

FL 32216

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.


Registered Agent's Signature

(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.)

KEITH M. VINCENT

Typed or printed name of signer

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)

FILED
03 JAN 24 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA