

# L03000011232

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

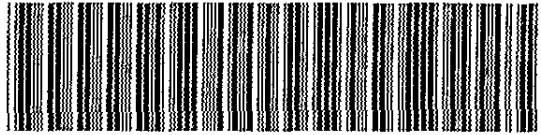
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Name Availability	
Examiner	DCC
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mailing & principal address*

**LEVY & DRONEY, P.C.**  
ATTORNEYS & COUNSELLORS AT LAW

BARBARA CONDON  
Direct Dial: 860-676-3219  
E-Mail: [bcondon@ldlaw.com](mailto:bcondon@ldlaw.com)

March 13, 2003

Florida Department of State  
Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee, FL 32399

**RE: National Revenue Recovery, LLC**

Dear Sir/Madam:

Enclosed please find Articles of Organization for Florida Limited Liability Company with accompanying fee of \$125.00 for filing of National Revenue Recovery, LLC.

Please send your acknowledgment of filing to the undersigned.

Very truly yours,

LEVY & DRONEY, P.C.



Barbara Condon  
Corporate Paralegal

/bc  
Enclosures

FILED  
MAR 28 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LEVY & DRONEY, P.C.**  
ATTORNEYS & COUNSELLORS AT LAW

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BARBARA CONDON  
Direct Dial: 860-676-3219  
E-Mail: [bcondon@ldlaw.com](mailto:bcondon@ldlaw.com)

March 25, 2003

**Via Express Mail**

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**ATTN: Ms. Diane Cushing**  
**Corporate Specialist**

**RE: National Revenue Recovery, LLC**  
**Reference Number W03000007587**

Dear Ms. Cushing:

Enclosed please find for resubmission Articles of Organization for National Revenue Recovery, LLC with the correct address along with your March 17, 2003 letter.

Very truly yours,

LEVY & DRONEY, P.C.



Barbara Condon  
Corporate Paralegal

/bc  
Enclosure



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 17, 2003

BARBARA CONDON  
LEVY & DRONEY, P.C.  
74 BATTERSON PARK ROAD  
FARMINGTON, CT 06032

SUBJECT: NATIONAL REVENUE RECOVERY, LLC  
Ref. Number: W03000007587

We have received your document for NATIONAL REVENUE RECOVERY, 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):

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) 245-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 103A00016433

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

National Revenue Recovery, LLC

**ARTICLE II - Address:**

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

c/o F&L Corp., 200 Laura Street  
Jacksonville, FL 32202

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

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

F & L Corp.  
Name

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200 Laura Street  
Florida street address (P.O. Box NOT acceptable)

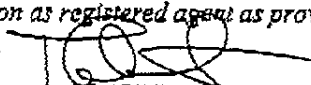
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Jacksonville FL 32202  
City, State, and Zip

*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 & L Corp.

By:


  
Registered Agent's Signature

Thomas Maida

03 MAR 2003 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(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.)

**James R. Crozier, III**

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)