

L040000 40214

(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:

Office Use Only



900036285929

05/21/04--01051--004 **125.00

04 MAY 21 PM 12:30
SECRETARY OF STATE
ATTORNEY GENERAL

FILED
AND
FILED

JB
52104

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

SUBJECT: EFT SUPPORT SERVICES, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEYSTONE, STEINBERG & COMPANY
1720 HARRISON STREET #7
HOLLYWOOD, FL 33020

For further information concerning this matter, please call:

Name of Person	(Area Code & Daytime Telephone Number)
Kim Wilkinson	(561) 330-7599

APPROVED
AND
FILED
04 MAY 21 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

EFT SUPPORT SERVICES, LLC

ARTICLE II - ADDRESS

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

1177 GEORGE BUSH BLVD. SUITE 201
DELRAY BEACH, FL 33483

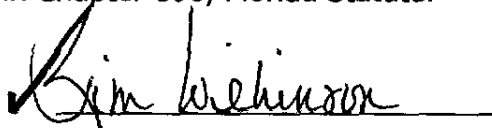
ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S
SIGNATURE

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

KIM WILKINSON
1177 GORGE BUSH BLVD. SUITE 201
DELRAY BEACH, FL 33483

04 MAY 21 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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 of 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, Florida Statute.



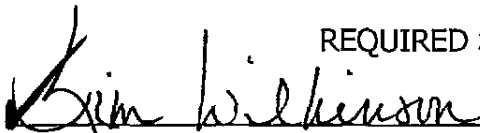
Registered Agent's Signature

ARTICLE IV - MANAGER (S) OR MANAGING MEMBER(S):

The name and address of each Manager or Managing Member is as follows:

<u>Title</u>	<u>Name and Address</u>
MGRM	Kim Wilkinson 1177 George Bush Blvd. Suite 201 Delray Beach, FL 33483
MGRM	Elan Sassoon 1177 George Bush Blvd. Suite 201 Delray Beach, FL 33483
MGRM	Rick Catinella 1177 George Bush Blvd. Suite 201 Delray Beach, FL 33483
MGRM	Edward Tinari 1177 George Bush Blvd. Suite 201 Delray Beach, FL 33483

REQUIRED 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.)

Kim Wilkinson

Typed or printed name of signee

04 MAY 21 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
AND
FILED