

L04000050038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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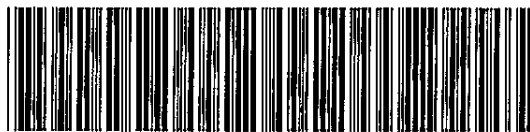
(Business Entity Name)

(Document Number)

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04 JUL -6 AM 11:00
DIVISION OF CREATION

FILED
04 JUL -6 PM 1:19
STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 787296 6594A

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
04 JUL -6 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Patricia Fagut

ORDER DATE : July 1, 2004

ORDER TIME : 9:44 AM

ORDER NO. : 787296-005

CUSTOMER NO: 6594A

CUSTOMER: Donald J. Kahn, Esq
Green Kahn & Piotrkowski, Pa

317 71st Street

Miami Beach, FL 33141

DOMESTIC FILING

NAME: TRU FINANCIAL LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire - EXT. 2949

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRU FINANCIAL LLC

ARTICLE II - Address:

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

Principal Office Address:

2235 Biscayne Bay Drive

North Miami, FL 33181

Mailing Address:

2235 Biscayne Bay Drive

North Miami, FL 33181

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

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

Donald J. Kahn, Esq.

Name

317 71st Street

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

Miami Beach

FLORIDA 33141

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, Florida Statutes.

By: 

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Peter Trupia

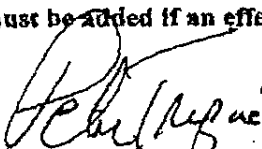
2225 Biscayne Bay Drive

North Miami, FL 33181

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

By:

PETER TRUPIA
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)