

W4 000054233

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED

04 JUL 21 PM 1:39

DIVISION OF CORPORATION

FILED
JUL 21 2004
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

investa financial services, llc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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OK

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③

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INVESTA FINANCIAL SERVICES, LLC.

ARTICLE II - Address:

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

Principal Office Address:

2410 Hollywood Blvd.

Hollywood, FL 33020

Mailing Address:

2410 Hollywood Blvd.

Hollywood, FL 33020

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

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

Mr. Carl Gessner

Name

2410 Hollywood Blvd.

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

Hollywood, FL 33020

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..



Registered Agent's Signature

(CONTINUED)

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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:

<p>MGR</p> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Arthur Ferdig</p> <hr/> <p>Gloucester Ave., Casablanca Complex,</p> <hr/> <p>Montego Bay Jamaica (White Sands Post Office)</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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(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.)

Arthur Ferdig

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)

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STATE OF FLORIDA