

L04000056653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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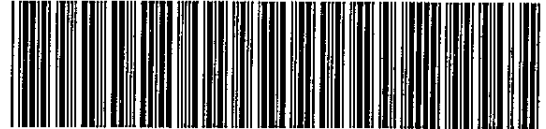
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SECRETARY OF STATE
TALLAHASSEE, FL

2004 JUL 28 P 3:39

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MITCHELL FISHMAN
13632 83rd Lane North
West Palm Beach, FL 33412

July 24, 2004

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

Re: CREDIT REHABILITATION SERVICES LLC

Gentlemen:

The enclosed Articles of Organization are submitted for filing. My check for \$160.00, covering the \$100.00 filing fee, \$25.00 designation of Registered Agent fee, \$30.00 Certified Copy fee and \$5.00 Certificate of Status fee is enclosed.

Please return all correspondence concerning this matter me.

For further information concerning this matter, please call me at (561) 346-4188 or (561) 844-5550.

Sincerely,



Mitchell Fishman

Enclosures

Ocala North OP#5 LLC/letters/Division of Corporations 031015

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TALLAHASSEE, FL 32310

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

**ARTICLE I
NAME**

The name of the Limited Liability Company is: CREDIT REHABILITATION SERVICES LLC

**ARTICLE II
ADDRESS**

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

Principal Office Address

12773 West Forest Hill Boulevard
Suite 1215
Wellington, FL 33414

Mailing Address

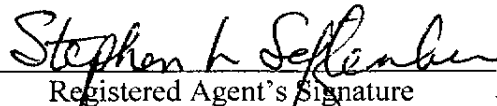
12773 West Forest Hill Boulevard
Suite 1215
Wellington, FL 33414

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE**

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

Stephen L. Seftenberg
2765 White Wing Lane
West Palm Beach, FL 33409-2033

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 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 65, Florida Statutes.


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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**ARTICLE IV
MANGER(S) OR MANAGING MEMBER(S)**

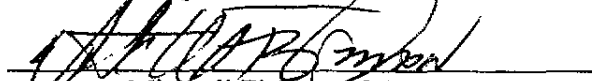
The name and address of each Manager or Managing Member is as follows:

<u>Title</u>	<u>Name and Address</u>
Manager	Mitchell Fishman 13632 83rd Lane North West Palm Beach, FL 33412

**ARTICLE V
EFFECTIVE DATE**

The effective date shall be July 31, 2004.

REQUIRED SIGNATURE



Mitchell Fishman, Manager

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TALLAHASSEE, FLORIDA

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