204000073445

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (tallioo) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Decument Number) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Consist to structure to Eiling Officer |
| Special Instructions to Filing Officer: |
| |
| |
| |
| } |
| |
| } |
| |

Office Use Only



000041484330

05/24/04--01108--005 **155.00

FILEU
2004 OCT -8 AM 10: 20

October 1, 2004

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

Re: Articles of Organization for a Florida Limited Company

Dear Sir or Madam,

I had originally snet the documentation for the reinstatement of the company called Access Transfer, LLC.

You sent me back a letter that stated that there could not be a reinstatement because I had voluntarily closed the company. Therefore, I would have to apply for a new document.

I have filled out the form for a new company called Access Transfer, LLC. The form is enclosed along with the cover letter that you had sent me. If you notice, we had paid a fee of \$155.00 for reinstatement. Could this fee be applied to forming this new corporation? Since I did not receive a refund as of this date, I would like it to be applied to the accompanying application.

Thank you.

Yours truly,

Cory Friedman

Enc.

9173 West Sunnise Blud Plantation, FL 33322

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Shaper Alland | A MOS |
|-------------------|----------------|
| All Alas Sec. All | 10.2) 10.2) |

| ART | CICI | Æ. | Ŧ _ | Nam | ۵. |
|-----|------|------|-----|--------|----|
| ANI | | J100 | _ | 172111 | т. |

The name of the Limited Liability Company is:

| | Access | Transfer, | LLC |
|--|--------|-----------|-----|
|--|--------|-----------|-----|

ARTICLE II - Address:

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

| Principal Office Address: | Mailing Address: | |
|---------------------------|----------------------|--|
| 9173 West Sunrise Blvd | 9173 W. Sunrise Blvd | |
| Plantation, FL 33322 | Plantation, FL 33322 | |
| | | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

| Allan Waldman | | | | |
|--|-------|-----|---------|-------|
| Name | | | | |
| 16558 NE 26th Ave | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | |
| North | Miami | Bch | FLORIDA | 33160 |
| 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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|--|
| | |
| MGR | Cory Friedman |
| | 9173 West Sunrise Blvd |
| | Plantation, FL 33322 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (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. |
| | 08.408(3), Florida Statutes, the execution n affirmation under the penalties of perjury true.) |
| Cory Fried | man |

Typed or printed name of signee

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)