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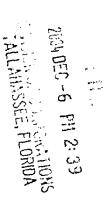
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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Robert L. Brady 950 S. Pine Island Road, Suite 150 Plantation, FL 33324 954-448-3175

November 30, 2004

To Whom It May Concern:

I am requesting to open a new company called Credit Repair USA, LLC. Attached are the required documents.

Let me know if you have any questions.

Sincerely,

Robert L. Brady

2004 DEC -6 PH 2: 39
DIGHT LANASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: CREDIT REPAIR USA LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert (Brady (Name of Person)
CREDIT REPair USA LLC (Firm/Company)
950 S. Pine Island RD. Suite 150
Plantation, Florida 33324 (City/State and Zip Code)
For further information concerning this matter, please call:
Robert Brady at (954- 751-0855 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status □ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
CONTROL ADDRESS.

STREET ADDRESS:

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

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

$\mathbf{A}\mathbf{R}\mathbf{T}$	J.F.	I _	Name	•

The name of the Limited Liability Company is:

CREDIT REPair USA LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Compa

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T Y THEF	1,7464	CHILL	Truck	

Mailing Address:

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

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

Rober7 L Brady

950 S Pine TSland RD Suite 150

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

Plantation FL 33324

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)

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Robert Brady. 3371 NW 18th DIE. OAKLAND PARK PC,
	200
	AHASSE - 6
(Use attachment if necessary)	E. FLORID
NOTE: An additional article must be a	added if an effective date is requested.
REQUIRED SIGNATURE:	
- Fallet	2 Braile
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)
Robert Br	or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)