

L050000 14943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

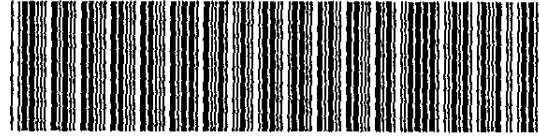
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FEB 10 AM 11:44

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aaccountcorp CREDITOR SERVICES, 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:

ROXANNE FARNHAM
(Name of Person)

Aaccountcorp CREDITOR SERVICES, LLC
(Firm/Company)

4000 PORTO FINO Circle - Suite 120
(Address)

Palm Beach Gardens FL 33418
(City/State and Zip Code)

For further information concerning this matter, please call:

ROXANNE FARNHAM at (561) 776-8171
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AccountCorp

Creditor Services

4000 PortoFino Circle - Suite 120
Palm Beach Gardens, FL 33418
(561) 776-8171 Fax (561) 776-4771

February 7, 2005

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

Dear Sirs:

Enclosed please find my check in the amount of \$160.00. The forms are my application to register as a Limited Liability Company as a sole proprietor; I have no employees.

If you have any questions, please contact me at 561-776-8171.

Sincerely,


Roxanne Farnham

Enclosures

rf

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aaccountcorp Creditor Services, LLC

ARTICLE II - Address:

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

Principal Office Address:

4000 PortoFino Circle
Suite 120
Palm Beach Gardens FL 33418

Mailing Address:

4000 PortoFino Circle #120
Palm Beach Gardens
FLORIDA 33418

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

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

ROXANNE FARNHAM

Name

4000 PortoFino Circle - Suite 120

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

Palm Beach Gardens FL 33418

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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..

Roxanne Farnham

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

MGRM

Name and Address:

ROXANNE FARNHAM
4000 PORTOFINO CIRCLE - Suite 120
PALM BEACH GARDENS FL 3348

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Roxanne Farnham

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.)

ROXANNE FARNHAM

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FEB 10 AM 11:44

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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)