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(Re	equestor's Name)	
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(Cít	ty/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:	AROUND-THE-CLO	CK CLOSING SERVICES, LL	.c	
	(Name of Limite	ed Liability Company)		
The enclosed Article	s of Organization and fee(s) are s	submitted for filing.		
Please return all corr	espondence concerning this matter	er to the following:		
		SSA J. GALLUZZI		
	(	Name of Person)		
	AROUND-THE-CL	OCK CLOSING SERVICES,	LLC	
		(Firm/Company)		
1415 MI/	AMI ROAD, UNIT E	(4.11)		
		(Address)		
FC	ORT LAUDERDALE, FL 33316			
		/State and Zip Code)	and the state of t	
For further informati	on concerning this matter, please	an 11.		
For further informati	on concerning uns matter, prease	Caul.	30 2	
ALYSSA J. GALLL	<del></del>	at (954 ) 579-9407	2005 FEB	
(Na	ame of Person)	(Area Code & Daytime Te	elephone Number)	
Enclosed is a check	for the following amount:		SEE I	5
<b>Ø</b> \$125.00 Filing Fe	© \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing, Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	J
	REET ADDRESS: gistration Section	MAILING A		
Div	gistration Section vision of Corporations DE, Gaines Street	Registration S Division of Co P.O. Box 6327	orporations	

Tallahassee, Florida 32314

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
AROUND-THE-CLOCK CL	OSING SERVICES, LLC			
ARTICLE II - Address:	ation to a Color of the Edward State Color of the			
ine mailing address and street address of the p	rincipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1415 MIAMI ROAD, UNIT E	1415 MIAMI ROAD, UNIT E			
FORT LAUDERDALE, FL 33316	FORT LAUDERDALE, FL 33316			
A TOPPECT TO THE TRANSMISSION A NEW A TRANSMISSION	20 20 10 10 10 10 10 10 10 10 10 10 10 10 10			
ARTICLE III - Registered Agent, Registere	d Office, & Registered Agent's Signature:			
The name and the Florida street address of the registered agent are:				
ALYSSA J. GALLUZZI Name				
Manife				
1415 MIAMI ROAD, UNIT E				
Florida street address (P.O. Box NOT acceptable)				
FORT LAUDERDALE, FL 33316 <sub>FL</sub>				
City, State,	and Zip			
liability company at the place designated in	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. 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.

(CONTINUED)

Page 1 of 2

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Address:  Member	
MGR <b>M</b>	ALYSSA J. GALLUZZI  1415 MIAMI ROAD, UNIT E  FORT LAUDERDALE, FL 33316	
		•
(Use attachment if nec		2005 FEB
REQUIRED SIGNA	ature of a member or an authorized representative of a member.	B 11 AM 9: 56
of th	coordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury at the facts stated herein are true.)  ALYSSA J. GALLUZZI  Typed 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)