

L05000058232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

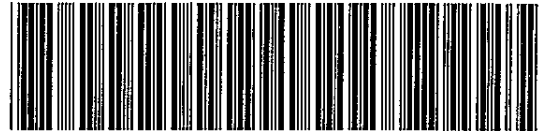
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300054486493

05/16/05--01018--011 **125.00

FILED
05 JUN 14 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5p

W206/14/05

COHEN & THURSTON, P.A.
1723 Blanding Blvd.
T. Suite 102
Jacksonville, FL 32210

TO: Registration Section
Division of Corporations

SUBJECT: Other People's Money, 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:

Lance P. Cohen
(Name of Person)

Cohen & Thurston, P.A.
(Firm/Company)

1723 Blanding Blvd, Suite 102
(Address)

Jacksonville, FL 32210
(City/State and Zip Code)

For further information concerning this matter, please call:

Lance Cohen at (904) 388-6500
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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 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

W05-25450
FILED
05 JUN 14 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 20, 2005

LANCE P. COHEN
COHEN & THURSTON, P.A.
1723 BLANDING BLVD., SUITE 102
JACKSONVILLE, FL 32210

SUBJECT: OTHER PEOPLE'S MONEY, LLC
Ref. Number: W05000025450

We have received your document for OTHER PEOPLE'S MONEY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Article IV is unclear. Although it states that the LLC "shall be managed by it (sic) (4) members," of the four people listed only one is given the title "managing member" and the other three are listed as "member." Please either list them all as managing members, or change the article so that it does not indicate that they all are managing members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 805A00036478

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN 14 AM 8:08

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OTHER PEOPLE'S MONEY, LLC

ARTICLE II - Address:

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

Principal Office Address:

222 N. Ocean Front
Jacksonville Beach, FL 32250

Mailing Address:

222 N. Ocean Front
Jacksonville Beach, FL 32250

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

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

Lance Paul Cohen

Name

1723 Blanding Blvd., Suite 102

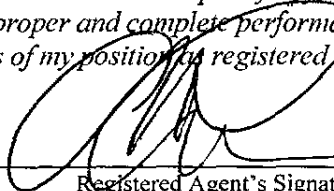
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32210

FL

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)

FILED
05 JUN 14 AM 8:08
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Name and Address:

MGRM

Steve Ralyns

8635 Hampshire Glen Drive

Jacksonville, FL 32256

MEMBER

Charles Wagner

6830 Sunbriar Drive

Cummings, GA 30040

MEMBER

Thomas Reber

184 Cattail Circle

Jacksonville, FL 32259

MEMBER

Clifford Koschnick

222 N. Ocean Front

Jacksonville Beach, FL 32250

(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.

(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.)

Clifford Koschnick

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN 14 AM 8:08

FILED