

L05000080541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

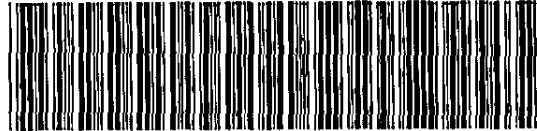
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800058426718

08/15/05--01070--024 **130.00

RECEIVED
TALLAHASSEE, FLORIDA

05 AUG 15 AM 11:29

TRANSMITTAL LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: A and J Finance and Management, 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:

Judith A. Linsky

A and J Finance and Management, LLC
(Firm/Company)

5804 Sun Pointe Circle
(Address)

Boynton Beach, Fl. 33437
(City/State and Zip Code)

For further information concerning this matter, please call:

Judith A. Linsky at (561) 369-1695
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" 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

05 AUG 15 AM 11:29
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A and J Finance and Management, LLC

ARTICLE II - Address:

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

Principal Office Address:

5804 Sun Pointe Circle
Boynton Beach, Fl. 33437

Mailing Address:

C/O Judith A. Linsky
5804 Sun Pointe Circle
Boynton Beach, Fl. 33437

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

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

Judith A. Linsky
Name
5804 Sun Pointe Circle
Florida street address (P.O. Box **NOT** acceptable)
Boynton Beach, FL. 33437 FL
City, State, and Zip

05 AUG 15 AM 11:29
TALLAHASSEE, FLORIDA

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..

Judith A. Linsky
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Judith A. Linsky

5804 Sun Pointe Circle

Boynton Beach, Fl. 33437

MGR

Alan Linsky

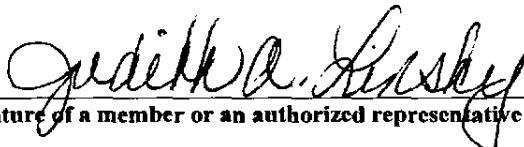
5804 Sun Pointe Circle

Boynton Beach, Fl. 33437

(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.)

Judith A. Linsky

Typed or printed name of signer

05 AUG 15 AM 11:29
TALLAHASSEE, FLORIDA

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)