

L05 0000 81611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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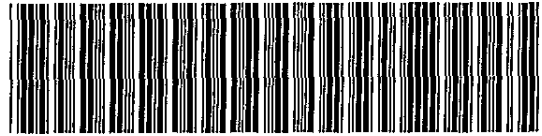
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ROGER L. WALTEMYER

ATTORNEY AT LAW

3434 HANCOCK BRIDGE PARKWAY
SUITE 208
NORTH FORT MYERS, FLORIDA 33903

TELEPHONE: (239) 997-3434

FAX (239) 997-1995

August 15, 2005

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

RE: BUREAU OF COLLECTION RECEIVABLES, LLC

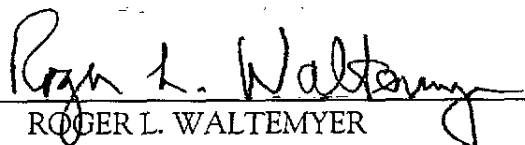
To whom it may concern:

Enclosed please find the original and one copy of the Articles of Organization for the above referenced LLC along with our check in the amount of \$155.00.

Please file the original Articles as soon as possible and send to me a certified copy of the enclosed.
Thank you.

If you have any questions, please call my legal assistant, Pam.

Thank you.



ROGER L. WALTEMYER

RLW/pk

Enclosures

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

BUREAU OF COLLECTION RECEIVABLES, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

13180 N. CLEVELAND AVENUE, #235

SAME

NORTH FORT MYERS, FL 33903

SAME

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

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

PAT MINGA

Name

13180 N. CLEVELAND AVENUE, #239

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

NORTH FORT MYERS, FLORIDA 33903

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, Florida Statutes..

By: 

Registered Agent's Signature

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TALLAHASSEE FLORIDA

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

PAT MINGA

13180 N. Cleveland Avenue, #235

North Fort Myers, FL 33903

(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.)

By: PAT MINGA
Typed or printed name of signee

SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

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