L05000105219

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| | | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| | | |
| (Cit | y/State/Zip/Phon | e #) |
| | | - |
| ☐ PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | - |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer | |
| • | - | |
| Rob |) | CANE |
| AUTHOWIEA | MONEYER | 7000 TV |
| CORRECT | ArtIV | į |
| DATE | 1012710 | 5 |
| DOC. EXAM | | |
| | | |
| | | |

Office Use Only



400060825784

10/24/05--01048--024 **155.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

| Division of Corporations | |
|---|---|
| SUBJECT: Cash For Properties, LLC | |
| | d Liability Company) |
| The enclosed Articles of Organization and fee(s) are s | ubmitted for filing. |
| Please return all correspondence concerning this matter | er to the following: |
| Rob Hamman | |
| (| Name of Person) |
| Cash for Properties | |
| | (Firm/Company) |
| 2367 E. Edgewater Drive | |
| | (Address) |
| Palm Beach Gardens,FL | |
| (City | /State and Zip Code) |
| For further information concerning this matter, please | call: |
| Rob Hamman | at (561) 625 3968 |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$\times \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|--|
| The name of the Limited Liability Company is: | |
| Cash for Properties LLC, | |
| (Must end with the words "Limited Liability Company, "Limited | Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: | |
| The mailing address and street address of the prin | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 2367 E. Edgewater Drive | 2367 E. Edgewater Drive |
| Palm Beach Gardens, FL. 33410 | Palm Beach Gardens, FL. 33410 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results. | red Agent. You must designate an individual or another STRI OR STRING OF THE STRING OF |
| Rob Hamman | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Name | AN IO: 21 |
| 2367 E. Edgewater Drive | <u> </u> |
| Florida street addr | ess (P.O. Box <u>NOT</u> acceptable) |
| Palm Beach Gardens, FL. 33410 | FL |
| City, State, ar | nd Zip |
| Having been named as registered agent and to a | ccept service of process for the above stated limited |

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe | Name and Address: |
|--|---|
| MGR | Rob Hamman |
| | 2367 E. Edgewater Drive |
| | Palm Beach Gardens, FL. 33410 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| (Use attachment if necessary) LE V: Effective date, if other the | nan the date of filing: (OPTIONA |
| LE V: Effective date, if other th | nan the date of filing: (OPTIONA nust be specific and cannot be more than five business day |
| LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) | |
| LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: | nust be specific and cannot be more than five business day member or an authorized representative of a member. |
| LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this document) | nust be specific and cannot be more than five business day |

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)