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(Address)

(Address)

(City/State/Zip/Phone #)

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FILED
2006 JAN 20 PM 2:04
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 26 2006

1-800 OFFICES
MICHAEL LAPAT
mlapat@nysbar.com

3300 University Drive
Suite 311
Coral Springs, Florida 33065
(954) 345-6442
(954) 344-0288 (Fax)

221 North La Salle Street
Suite 1137
Chicago, Illinois 60601
(312) 641-3723
Fax) (954) 344-0288

Please Reply to Florida Office

January 17, 2006

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re:	Citifirst Trust, Ltd.	\$1,846.25
	<u>Citifirst Capital Management, LLC</u>	<u>\$ 155.00</u>
	Total:	\$2,001.25

Dear Sir or Madam:

Enclosed herein, please find a Certificate of Limited Partnership and Articles of Organization for the above referenced entity.

Also enclosed, is one check in the amount of \$2,001.25 representing the filing and certified copy fees for these formations. Please return file-stamped copies to this office in the enclosed envelope which I have provided.

Should you have any questions, please do not hesitate to contact the undersigned at 888-263-4774. Thank you for your attention to this matter.

Very truly yours,

Sandie J. Dansky
/sjd
enclosures - check

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2006 JAN 20 PM 2:04
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Citifirst Capital 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:

Michael Lapat
(Name of Person)

Law Offices of Michael Lapat
(Firm/Company)

3300 University Drive, Suite 311
(Address)

Coral Springs, Florida 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

Sandie J. Dansky at (954) 345-6442
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" 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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Citifirst Capital Management, LLC

ARTICLE II - Address:

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

Principal Office Address:

3201 SW 34th Avenue, Suite 201
Ocala, Florida 34474

Mailing Address:

3201 SW 34th Avenue, Suite 201
Ocala, Florida 34474

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

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

John Priest

Name

3201 SW 34th Avenue, Suite 201

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

Ocala

FL

34474

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)

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2006 JAN 20 PM 2:00
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

John Priest
3201 SW 34th Avenue, Suite 201
Ocala, Florida 34474

MGR

Eric Hall
See AS ABOVE

MGR

Fred Howard
SAME AS ABOVE

(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.)

John Priest, Manager

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)