

L 060000 14962

(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



400062380144

12/28/05--01023--001 \*\*125.00

5202/10/04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 FEB -6 PM 1:24

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 28, 2005

LARRY TERRELL  
ACCOUNTING DYNAMICS, INC.  
1665 N. HWY 27 - SUITE A  
CARROLLTON, GA 30117

SUBJECT: COMPLEATCLAIMSCLOSURE, LLC  
Ref. Number: W05000056714

We have received your document for COMPLEATCLAIMSCLOSURE, 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):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Enclosed is our blank form for Articles of Organization.

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: 005A000737

**FILED**  
06 FEB -6 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COMPLEAT CLAIMS CLOSURE, 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:

LARRY TERRELL

(Name of Person)

ACCOUNTING DYNAMICS, INC.

(Firm/Company)

1665 N. HWY 27 - SUITE A

(Address)

CAROLTON, GA 30117

(City/State and Zip Code)

For further information concerning this matter, please call:

LARRY TERRELL

(Name of Person)

at ( 770 ) 214-9471

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$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

FILED  
06 FEB -6 PM 1:24  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

1.

The name of the limited liability company is:

**COMPLEATCLAIMSCLOSURE, LLC**

2.

Management of the limited liability company is vested in one or more managers.

3.

The mailing address and street address of the Florida principal office of the limited liability company is:

3704 Lake Underhill Road  
Orlando, Fl 32803

5.

The name and address of the **Registered Agent** is:

Bonita Files  
3704 Lake Underhill Road  
Orlando, Fl 32803

IN WITNESS WHEREOF, the undersigned executes these articles organization this 7<sup>th</sup> day of November, 2005.

  
Bonita Files, Manager

**FILED**  
06 FEB -6 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Consent To Appointment As Registered Agent**

To: Division Of Corporations  
P. O. Box 6327  
Tallahassee, Fl 32314

I, **Bonita Files**, do hereby consent to serve as registered agent for the *company*  
**COMPLEATCLAIMSCLOSURE, LLC.**

I am familiar with and hereby accept duties and responsibilities as registered agent.

This 7<sup>th</sup> day of November, 2005.

*Bonita Files*

Bonita Files  
3704 Lake Underhill Road  
Orlando, Fl 32803

**FILED**  
06 FEB -6 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA