

L06000016104

(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



200065142912

02/03/06--01055--027 **160.00

FILED

06 FEB -3 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan FEB 14 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Asset Liquidators/Broker 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:

Richard Smitz
(Name of Person)

Asset Liquidators Broker LLC
(Firm/Company)

3200 Shawnee Ave Ste 4
(Address)

W P B FL 33409-5070
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Smitz at (561) 627-1112 Ext 4
(Name of Person) (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

enclosed 160 48

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Asset Liquidators/Broker 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 principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3200 S. W. 11th Ave Ste 4
West Palm Beach
FL 33409 5070

14100 Paradise Pt. Rd
Palm Beach Gardens
FL 33410 1142

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DR Richard Smith
Name

14100 Paradise Pt. Rd
Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens FL 33410 1142
City, State, and Zip

FILED
06 FEB -3 PM 12:40
SECRETARY OF STATE
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..

DR Richard Smith
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

MGRM

Name and Address:

Richard Smitz
14100 Paradise Pt. Rd
Palm Beach Gardens
FL 33410

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Richard Smitz
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.)

Richard Smitz
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 FEB -3 PM 12:40

FILED

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)

160.00

\$160.00