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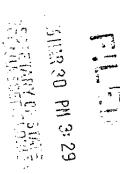
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Office Use Only



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EXPRESS CORPORATE FIL		
Requestor's Na	ime	
1000 PONCE DE LEON BLV	'D, SUITE:101	
Address	3	
CORAL GABLES, FL 33134	(305) 444-4994	
City/State/Zip	Phone #	
	OFFICE USE ONLY	
CORPORATION NAME(S) &	DOCUMENT NUMBER(S) (if known):	
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NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/ Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
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OTHER FILINGS	REGISTRATION/	
Annual Report	QUALIFICATION	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	
1—————————————————————————————————————	Reinstatement	

Trademark

Examiner's Initials

Other

CR2E031(9/92)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

06 MAR 30 AM II: 43

DIVISION OF CORPORATION

March 27, 2006

EXPRESS CORPORATE FILING

TALLAHASSEE, FL

SUBJECT: FAR INVESTMENT GROUP, LLC

Ref. Number: W06000014547

We have received your document for FAR INVESTMENT GROUP, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

As requested, we are returning this LLC unfiled.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 306A00020453

Please apply this credito to this LLC.

Thank You

EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address CORAL GABLES, FL 33134 (305) 444-4994 City/State/Zip Phone

				OFFIC	E USE ONLY	
COI	RPORATION NAME(S) &	DOCUI	MENT NÚMI	BER(S) (if known):	
1	EQUITY PUB	Lic	ADJ	ידצע	er's	LLC
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- -	(Corporation Name)		·	(Docu	nent#)	
3	(Corporation Name)		· · · · · · · · · · · · · · · · · · ·	/Dans	nent #)	····
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··· _	(Corporation Name)	<u> </u>		(Docur	nent#)	<u> </u>
	☐ Walk in	time _		<u> </u>	Certified (Сору
Į	Mail out Will wait			•	Certificate	
	NEW FILINGS		AMENDME	NTS		
	Profit		Amendment	<u></u>		
	NonProfit		Resignation of R	.A., Officer	/Director	
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*			einstatement	<i></i>		
		Tr	ademark	1		

Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
EQUITY PUBLIC ADJUSTER'S LLC (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company, "Limited Liability Company, "Liability Company, "Liability Company, "Liability Company,	d Company" or their abbreviation "LLC," o	r"L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	-194 PB
11111 TAFT STREET PEMBROKE PINES FL 33026 ARTICLE III - Registered Agent, Registered	PEMBROKE PINES FL 33026 Office, & Registered Agent's S	SECULIAR 30 PH
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		
The name and the Florida street address of the r	egistered agent are:	
ARMANDO AE	BREU	
Name		
11111 TAFT S	TREET	.,
Florida street add	lress (P.O. Box NOT acceptable)	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

PEMBROKE PINES

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	ARMANDO ABREU 11111 TAFT STREET PEMBROKE PINES FL 33026	_ · · -
MGRM	LAURA V. VERGARA 11111 TAFT STREET PEMBROKE PINES FL 33026	
		2006 MAR 30 FM
(Use attachment if necessary)		3: 29
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.)	late of filing: (OPT specific and cannot be more than five busine	IONAL) ss days prior
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.	
(In accordance with sect of this document constitution that the facts stated he		

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)

ARMANDO ABREU

Typed or printed name of signee