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(Req	uestor's Name)	
(Address)		
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(City/	State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
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Office Use Only



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SECRETARY OF STATE

de-99497

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Successful Marketing (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:			
Morrie R. Rubin			
Oasis Financial Group, Inc =			
1300 N. Federal Hishway			
Buca Rutan, Fl 33484 Fig 3 (City/State and Zip Code)	27.0		
(Chyrotate and Zip Code)			
For further information concerning this matter, please call:			
Lacey L. Maza at 501, 362-9089 (Name of Person) (Area Code & Daytime Telephone Number)	*- -		
Enclosed is a check for the following amount:			
S125.00 Filing Fee S130.00 Filing Fee S25.00 Fil			

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

Successful Marketing, LLC

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1300 N. Federal Highway Boca Raton, Fl 33486	1300 N. Federal ATHORAY. Bora Raton, F1 38486
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 re	gistered agent are:
Morrie R. P.	ubin
1300 N. Federal Florida street addr	Highway ess (P.O. Box <u>NOT</u> acceptable) FL 33456
City, State, ar	
liability company at the place designated in th	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as . 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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (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:

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.)

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)