L06000121934

•		
. (Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ue #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		, ^ V -
	·	

Office Use Only



400082693224

12/21/06--01040--015 **125.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Corpor	ations		
SUBJECT: Phoen	(Name of Limited	LLC Liability Company)	
The enclosed Articles of Or	ganization and fee(s) are so	ubmitted for filing.	
Please return all correspond	ence concerning this matte	r to the following:	
Jame	es D. Rudd	Name of Person)	
	John Galt		
-	(Firm/Company)	TAS ZE
6307	0 NW 5#	(Address)	O LECURE OF THE
		(Address)	ASS
Fort	Landodale, 4	State and Zip Code)	E D
	(Čity,	State and Zip Code)	12: 12: 12:
For further information cond	cerning this matter, please	call:	1006 DEC 21 P 12: 53 SECRETARY OF STATE TALLAH ASSEE. "LORIDA
James D. R	udd erson)	at (<u>954</u>) <u>28(</u> (Area Code & Daytime Te	
`	,	` ,	,
Enclosed is a check for th	e following amount:		
	\$130.00 Filing Fee & ertificate 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)
Ā 1 9	Aailing Address Registration Section Division of Corporations CO. Box 6327 Callahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION OF PHOENIX FIDUCIARY, LLC.

Under Section 608.407 of the Florida Statutes

THE UNDERSIGNED, being a natural person of at least eighteen (18) years of age and acting as the organizer of the limited liability company (the "Company") hereby being formed under Section 608.407 of the Florida Statutes, certifies that:

FIRST: The name of the Company is Phoenix Fiduciary, LLC.

SECOND: The mailing address of the Company is c/o RJon Robins at 6300 NW 5th Way Suite 100, Fort Lauderdale, Florida 33309.

THIRD: The name and street address of its initial registered agent for service of process in the State of Florida is RJon Robins at 6300 NW 5th Way, Suite 100, Fort Eauderdale Florida 33309. The foregoing designated registered agent hereby accepts his appointment as registered agent and acknowledges that he is familiar with, and accepts, the obligations of that position as provided for in Florida Statutes Chapter 608.

FOURTH: The Company is formed for any lawful purpose.

FIFTH: The Company is to be managed by a managing member.

SIXTH: A member shall not be personally liable to the Company or its members for damages for any breach of duty as a manager, except for any matter in respect of which such member shall be liable by reason that, in addition to any and all other requirements for such liability, there shall have been a judgment or other final adjudication adverse to such member that establishes that such member's acts or omissions were in bad faith or involved intentional misconduct or a knowing violation of law or that such member personally gained in fact a financial profit or other advantage to which such member was not legally entitled or as otherwise provided by Chapter 608 of the Florida Statutes.

SEVENTH: The Company shall have the power to indemnify, to the full extent permitted by Chapter 608 of the Florida Statutes, as amended from time to time, all persons whom it is permitted to indemnify pursuant thereto.

In Witness Whereof, the undersigned have hereunto subscribed their names and affirm under the penalties of perjury, that the facts stated therein are true December 10, 2006.

Authorized Representative - RJon Rabins

Registered Representative - RION Robins

The managing member is RJon Robins and his mailing coldress is 6300 NW 5th way, # 100; Fort Landerdale, FL 33309