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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	∍#)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docu	ment Number)	<u></u>
Pertified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
	Office Use Onl	У



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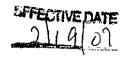
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COVER LETTER

TO:

TO: Registration So Division of Co		, t		
subject: Eastvie	ew Financial Services	11:10b C		
	(Name of Limite	d Liability Compa	ny)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing	; ,	
Please return all corresp	condence concerning this matte	er to the following	:	
Michael Lo	hmann			
	(Name of Person)		
Eastview F	inancial Services			
· 	(Firm/Company)	· • · · · · · · · · · · · · · · · · · ·	
816 Eastv	iew Avenue			
		(Address)	* * *	-
Delray Be	ach, FL 33483			
<u></u>	(City	State and Zip Code)	
For further information	concerning this matter, please	call:		
Michael Lohman	n	561	780_08	۵
	of Person)	at (561 (Area Code	& Daytime T	elephone Number)
Fnolosed is a check fo	or the following amount:			
-	\$130.00 Filing Fee &	1 9155 00 E	ling Egg 0.	[7] \$160.00 Elling Eng
1 \$125.00 Filing ree	Certificate of Status	S155.00 Fit Certified Copy (additional copy i	′	\$160.00 Filing Fee, Certificate of Status & Certified Copy
		(uuumonut vopy .	o chelosod,	(additional copy is enclosed)
	Mailing Address		urier Addres	<u>s</u>
	Registration Section Division of Corporations		on Section of Corporation	ns
	P.O. Box 6327	Clifton Br	_	Cimala
	Tallahassee, FL 32314		cutive Center ee, FL 32301	Circle



ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	:		
Eastview Financial Services LLC (Must end with the words "Limited Liability Company, "Limi	ted Company" or their abbreviation "T. C."	07 4T C 27	
(Must end with the words "Limited Liability Company, Limit	ted Company of their abbreviation LLC, C	JI L.C., J	
ARTICLE II - Address:			
The mailing address and street address of the p	rincipal office of the Limited Liab	oility Com	pany is:
Principal Office Address:	Mailing Address:		
816 Eastview Avenue	816 Eastview Avenue		
Delray Beach, FL 33483	Delray Beach, FL 33483		-
	· ·		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)			
The name and the Florida street address of the	registered agent are:	JA I	9
Michael Lohmann		ES	7
Name		HE I	8 7
816 Eastview Avenue		SSEE SSEE	ILE 27 F
Florida street ac	ldress (P.O. Box <u>NOT</u> acceptable)		≟ □
Delray Beach	FL 33483	LOF A	PM 12: 00
City, State,	and Zip		8
Having been named as registered agent and to	accept service of process for the a	bove stated	d limited

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..

Registered Agent's Signature (REQUIRED)

liability company at the place designated in this certificate, I hereby accept the appointment as

(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:

***************************************		Name and Address:	
"MGR" = Mana "MGRM" = Ma	nger maging Member		
President		Michael Lohmann	
		816 Eastview Avenue	
		Delray Beach, FL 33483	
			·
<u> </u>		- mark a	
			
			 .
<u> </u>			
(Use attachment	t if necessary)		
ICLE V: Effective	e date, if other than the o		OPTIONAL)
ICLE V: Effective reffective date is li	e date, if other than the cisted, the date must be	date of filing: February 19, 2007 . (C specific and cannot be more than five bus	
ICLE V: Effective	e date, if other than the cisted, the date must be		
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ICLE V: Effective reffective date is li	e date, if other than the cisted, the date must be date of filing.)		
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TCLE V: Effective to effective date is li 90 days after the d	e date, if other than the cisted, the date must be date of filing.)		
TCLE V: Effective to effective date is li 90 days after the d	e date, if other than the clisted, the date must be date of filing.) IGNATURE:	specific and cannot be more than five bus	or FEB 27 SECRE I AHAS
TCLE V: Effective to effective date is li 90 days after the d	e date, if other than the clisted, the date must be date of filing.) IGNATURE: Signature of a member	specific and cannot be more than five bus or an authorized representative of a member.	or FEB 27 SECRE I AHAS
TCLE V: Effective to effective date is li 90 days after the d	e date, if other than the clisted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with sect	or an authorized representative of a member.	or FEB 27 SECRE I AHAS
TCLE V: Effective to effective date is li 90 days after the d	e date, if other than the clisted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with sect	or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury	

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)