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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAY -4 PM 2: 06



LIFE ASSET GROUP

May 5, 2007

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: The Eriksen Organization, LLC
Articles of Organization

Dear Sir/Madam:

On behalf of Justin Eriksen, please find enclosed the executed Articles of Organization for the above-referenced Florida Limited Liability Company, together with a check in the amount of \$160.00 which represents filing fees, a certified copy of the Articles and a Certificate of Status.

Thank you for expediting the enclosed and if you have any questions, please do not hesitate to contact me on behalf of Mr. Eriksen at 800.481.3481.

Very truly yours,


Jennifer J. Stabile
Compliance Director

/Encs.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE ERIKSEN ORGANIZATION 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:

JUSTIN B. ERIKSEN
(Name of Person)

LIFE ASSET GROUP LLC
(Firm/Company)

601 BRICKELL KEY DRIVE, SUITE 511
(Address)

MIAMI FL 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

JENNIFER J. STABILE at (305) 381-8113
(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

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

Name and Address:

MGRM

JUSTIN B. ERIKSEN
3020 NE 32 AVE #1104
FT. LAUDERDALE, FL 33308

(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:



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.)

JUSTIN B. ERIKSEN

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)