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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER** :

	ion Section of Corporations				
SUBJECT: IN	G Client Services, L.L.C				
-	(Name of Limi	ted Liability Company)	· · · · · · · · · · · · · · · · · · ·		
The enclosed Arti	cles of Organization and fee(s) are	submitted for filing.			
Please return all co	orrespondence concerning this mat	tter to the following:			
Ingrid C	Caicedo				
		(Name of Person)			
ING CII	ent Services, L.L.C.				
		(Firm/Company)			
21682	Cypress Road, Suite	11F			
<u> </u>		(Address)			
Boca F	Raton, Florida 33433	<b>,</b>			0
	(Cit	ty/State and Zip Code)		07 h	17.75 17.75
For further inform	ation concerning this matter, pleas	e call:		07 MAY -9 PH 12: 52	SHOW OF CORPORATIONS
Ingrid Caiced	lo	_ <sub>at (</sub> 954 <sub>)</sub> 562-008	5	PH	SSE
(	Name of Person)	(Area Code & Daytime T	elephone Number)	5.	
Enclosed is a che	eck for the following amount:			52	SHOI
□ \$125.00 Filing	_	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓ \$160.00 Filing Certificate of Status Certified Copy (additional copy is enclosed)	8 &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
ING Client Services, L.L.C. (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company, "Liabilit	d Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
Ingrid Caicedo	21682 Cypress Road, Suite 11F, Boca Raton, FL 33433	
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 resulting linguid Caicedo	ered Agent. You must designate an individual or another	SECRETA DIVISION DE
Name		82
21682 Cypress Road, Suite		- 1953年 - 19
Florida street add	ress (P.O. Box NOT acceptable)	15.
Boca Raton,	FL 33433	Ġ
City, State, and	nd Zip	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete parts.	scept service of process for the above stated limitalis certificate, I hereby accept the appointment as I further agree to comply with the provisions of formance of my duties, and I am familiar with an tered agent as provided for in Chapter 608, F.S	`all

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Membe	<del>ं</del>	
MGR	Ingrid Caicedo	
	21682 Cypress Road, Suite 11F	
	Boca Raton, Florida 33433	
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(Use attachment if necessary)		
LE V: Effective date, if other th	nan the date of filing: (OPTIONA	L)
ffective date is listed, the date r	nust be specific and cannot be more than five business day	s pr
days after the date of filing.)		
<b>REQUIRED SIGNATURE:</b>	1 , -	
/		
Signature of a	member or an authorized representative of a member.	
	with section 608.408(3), Florida Statutes, the execution	
of this documer	nt constitutes an affirmation under the penalties of perjury stated herein are true.)	
Ingrid Caiced	0	

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)