L07000088129

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRETARY OF STATE ONS DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ct: Proba	te Liquidation Solutio		
		(Name of Limited I	iability Company)	
The en	closed Articles o	f Organization and fee(s) are sub	mitted for filing.	
Please	return all corresp	ondence concerning this matter t	o the following:	
	Sue Beyde	oun		
			me of Person)	
		(Fir	m/Company)	9 N S
	640 S.E. 2	2nd. Ave. #201		AUC
			(Address)	OT AUG 27
	Boynton E	Beach, Fl. 33435		Rep S
			ate and Zip Code)	AM 8: 20
For fur	ther information	concerning this matter, please ca	II:	00
Sue	Beydoun	. a		···
	(Name	e of Person)	(Area Code & Daytime Telep	hone Number)
Enclos	sed is a check fo	or the following amount:		
\$12 5.	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 Ci	rcle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Probate Liquidation Solution LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")					
ARTICLE II - Addres		rincipal office of the Limited Liabi	lity Company is:		
Principal Office Addr		Mailing Address:	ny company io		
562 S. Woolbright Rd. #210		562 S. Woolbright Rd. #210			
Boynton Beach, Fl. 33435		Boynton Beach, Fl. 33435			
Su	Florida registration.) ida street address of the Beydoun Name O S.E. 2nd. Ave.	:	SECRETARY OF STORPOR		
	· · · · · · · · · · · · · · · · · · ·	dress (P.O. Box NOT acceptable)	STATE RATION 8: 20		
Во	ynton Beach,	_{FL} 33435	0		
	City, State,				
liability company a registered agent and a statutes relating to th	t the place designated in gree to act in this capaci we proper and complete p	accept service of process for the abo this certificate, I hereby accept the o ty. I further agree to comply with th erformance of my duties, and I am fo istered agent as provided for in Cha	appointment as se provisions of all amiliar with and		

(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:

"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Sue Beydoun
	640 S.E. 2nd. Ave. #201
	Boynton Beach, Fl. 33435
MGRM	Francisco N Graulau
 	640 S.E. 2nd. Ave. #201
	Boynton Beach, Fl. 33435
	07 AUG 2
•	
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTION
	t be specific and cannot be more than five business da
days after the date of filing.)	
REQUIRED SIGNATURE:	
RECUIRED SIGNATURE.	
_	ne Besdom
2	

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)

Sue Beydoun

that the facts stated herein are true.)

Typed or printed name of signee