

207000110795

Florida Department of State
Division of Corporations
Public Access System
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000269276 3)))



H070002692763ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 NOV - 1 AM 8:28

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

EZ DEBT SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

DB

RECEIVED

07 NOV - 1 AM 6:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

EZ DEBT SOLUTIONS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

660 COVENTRY STREET, #7
BOCA RATON, FL 33487

Mailing Address:

660 COVENTRY STREET, #7
BOCA RATON, FL 33487

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

ANGELO F. MALTESE

Name

660 COVENTRY STREET, #7

Florida street address (P.O. Box NOT acceptable)

BOCA RATON, FL 33487

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as 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

(CONTINUED)

FILED
07 NOV - 1 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ANGELO F. MALTESE
660 COVENTRY STREET, #7
BOCA RATON, FL 33487

MGRM

DAMIAN R. BASSETTI
660 COVENTRY STREET, #7
BOCA RATON, FL 33487

MGRM

DAVID A. MALTESE
10066 LEXINGTON ESTATES BOULEVARD
BOCA RATON, FL 33428


MGRM

ALFONSO N. VAIANO
113-01 LIBERTY AVENUE
RICHMOND HILL, NY 11419

MGRM

VINCENT VAIANO
113-01 LIBERTY AVENUE
RICHMOND HILL, NY 11419

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 T. REED, ORGANIZER

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 NOV - 1 AM 8:28

FILED