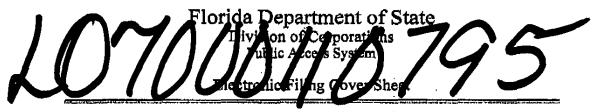
P. D1



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.

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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 : (212)431-5000 Phone

: (212)431-1441 Fax Number

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## **EZ DEBT SOLUTIONS, LLC**

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

DB

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
EZ DEBT SOLUTIONS, LLC		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
660 COVENTRY STREET, #7 BOCA RATON, FL 33487	660 COVENTRY STREET, #7 BOCA RATON, FL 33487	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature	07 N
The name and the Florida street address of the re	±m̂	- VO
ANGELO F. MALTESE	<u></u>	
Name 660 COVENTRY STREET, #7	ress (P.O. Box NOT acceptable)	9: 7
Florida street add	ress (P.O. Box NOT acceptable)	ထိ
BOCA RATON, FL 33487	<u> </u>	
City, State, as	nd 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..

(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:

Title: Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

**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** <u>DAVID A. MALTESE</u>

10066 LEXINGTON BSTATES BOULEVARD

**BOCA RATON, FL 33428** 

**MGRM** ALFONSO N. VAIANO

113-01 LIBERY AVENUE

RICHMOND HILL, NY 11419

<u>VINCENT VAIANO</u> **MGRM** 

113-01 LIBERY AVENUE

RICHMOND HILL, NY

REQUIRED SIGNATURE:

(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)