

L07000116278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

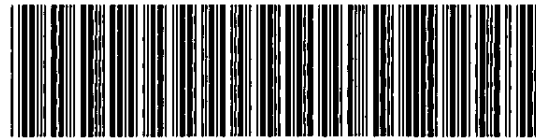
(Document Number)

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Office Use Only



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10/31/07--01029--009 **160.00

07 NOV 19 PM 2:53

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

JB

W07-54098
J. BRYAN NOV -1 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL ABOUT CASH4NOTES 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:

DEBORAH REICHENBAUM

(Name of Person)

NA

(Firm/Company)

225 SW 159 Ave

(Address)

Sunrise, FL 33326

(City/State and Zip Code)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

Deborah Reichenbaum at (954) 384-0518
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2007

DEBORAH REICHENBAUM
225 SOUTHWEST 159 AVE
SUNRISE, FL 33326

SUBJECT: CASH 4 NOTES, LLC
Ref. Number: W07000054098

FILED STATES
SECRETARY OF CORPORATIONS
07 NOV 19 PM 2:53

We have received your document for CASH 4 NOTES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 907A00063955

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

Deborah Reichenbaum

225 SW 159 Ave

Sunrise, FL 3326

MGRM

Laurie Stanton

14301 SW 23rd St

Davie, Florida 33325

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
07 NOV 19 PM 2:53

(Use attachment if necessary)

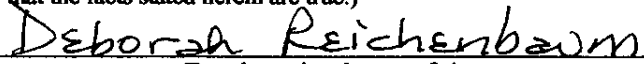
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.)


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)