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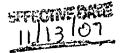
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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Co				
SUBJECT: COIN A	AND CURRENCY API	PRAISERS,L	rc	
	(Name of Limited	d Liability Compar	лу)	
The enclosed Articles o	f Organization and fcc(s) are su	abmitted for filing		
Please return all corresp	ondence concerning this matte	r to the following:		
RHOLANI	O MICHELE			
<del> "</del>	(1	Name of Person)		
<u> </u>	(	Firm/Company)	<del></del>	
PO BOX 7	728			
		(Address)		
SILVER S	<i>PRINGS</i> FL.34489			
<u> </u>	(City	State and Zip Code	)	
For further information	concerning this matter, please	call:		
Carl W Ellsperm	ann	at (_352	732-382	8
(Name	e of Person)	(Area Code	& Daytime To	elephone Number)
Enclosed is a check for	or the following amount:			•
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	/	\$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	Registration Division Clifton B 2661 Exe	ourier Address on Section of Corporatio uilding ceutive Center ce, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:
COIN AND CURRENCY APPRIASERS LLC	
	Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	as principal office of the Limited Liability Company is:
The maning address and street address of th	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
PO BOX 728	8752 SE 159TH PL
SUMMERFIELD FL 34489	SUMMERFIELD FL 34491
business entity with an active Florida registration.)  The name and the Florida street address of t  JOAN MICHELE	NOV I
N	ame SSE
8752 SE 159TH PL	P P P P P P P P P P P P P P P P P P P
. Florida stree	et address (P.O. Box <u>NOT</u> acceptable)
SUMMERFIELD FL 34491	ATE RID
City, St	ate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as eacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and 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:

	anager	Name and Address:	
"MGRM" = I	Managing Member	RHOLAND MICHELE	
		PO BOX 728	•
		SILVER SPRINGSFL 34489	_
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(Use attachm	nent if necessary)		
ICLE V. Effor	tive date, if other than the	e date of filing: 11/13/2007 . (OPTIO	NAL)
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i effective date i 90 days after th	D SIGNATURE:  Signature of a member of this document cons	er or an authorized representative of a member.  Section 608.408(3), Florida Statutes, the execution attitutes an affirmation under the penalties of perjury	07 NOV 19
n effective date i 90 days after th	D SIGNATURE:  Signature of a memb	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)	07 NOV 19

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)