

L07000124712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

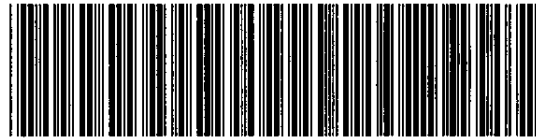
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/16/07--01064--012 **160.00

Effective Date

01/01/08

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 17 PM 3:48

07-51523

T Hampton DEC 17 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Equity Financial Partners, 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:

Maria Imelda Aquino-MacInnes
(Name of Person)

Equity Financial Partners, LLC
(Firm/Company)

2750-305 Race Track Rd. Unit 129
(Address)

Jacksonville Florida 32259
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria MacInnes at (904) 287-3438
(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

RECEIVED

07 DEC 17 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 17, 2007

MARIA IMELDA AQUINO-MACINNES
2750-305 RACE TRACK RD
UNIT 129
JACKSONVILLE, FL 32259

SUBJECT: EQUITY FINANCIAL PARTNERS, LLC
Ref. Number: W07000051523

We have received your document for EQUITY FINANCIAL PARTNERS, 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 16, 2007. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 907A00061154

Effective Date

01/01/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Equity Financial Partners, LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2750-305 Race Track Rd Unit 129
Jacksonville, FL 32259

same

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Maria Imelda Aquino-MacInnes

Name

2750-305 Race Track Rd Unit 129

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

Jacksonville FL 32259

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..

Maria Imelda Aquino-MacInnes

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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

Maria Imelda Aquino - MacInnes
1424 Candy Court
Jacksonville, FL 32259

MGRM

Gregory R. Bloch
2159 Lakeshore Drive North
Orange Park, FL 32003

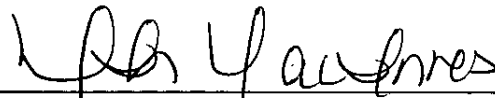
(Use attachment if necessary)

01/01/2008 ~~10/10/2007~~

ARTICLE V: Effective date, if other than the date of filing: 10/3/2007 ^{hb} (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.)

Maria Imelda Aquino - MacInnes

Typed or printed name of signer

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)