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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

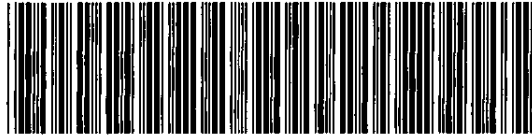
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 10 2008

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Court Judgment Recovery, 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:

Allen Kirschner

(Name of Person)

Court Judgment Recovery, LLC

(Firm/Company)

125 S. State Road 7 STE 104-227

(Address)

Wellington, FL 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

Allen Kirschner

(Name of Person)

at (**954**) **274-0186**

(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

January 8, 2008

ALLEN KIRSCHNER
125 S. STATE ROAD 7
STE. 104-227
WELLINGTON, FL 33414

SUBJECT: COURT JUDGEMENT RECOVERY, LLC
Ref. Number: W08000001016

We have received your document for COURT JUDGEMENT RECOVERY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Not a complete document.,

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 308A00001498

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
TALLAHASSEE FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Court Judgment Recovery, 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:

125 S. State Road 7 STE 104-227
Wellington, FL 33414

Mailing Address:

125 S. State Road 7 STE 104-227
Wellington, FL 33414

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:

Thomas Walser

Name

7015 Beracasa Way

Suite 801

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

Boca Raton, FL 33433

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.

Thomas Walser

Registered Agent's Signature (REQUIRED)

(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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Allen Kirschner

125 S. State Road 7 STE 104-227

Wellington, FL 33414

MGR

Mark Kirschner

125 S. State Road 7 STE 104-227

Wellington, FL 33414

MGR

Patrice Krupa

125 S. State Road 7 STE 104-227


Wellington, FL 33414

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2008. (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.)

Allen Kirschner
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)

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TALLAHASSEE FLORIDA

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