608000006581

(Requestor's Name)
(Address)
· (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•
·

Office Use Only



400115257444

01/17/08--01040--001 **130.00



T. CLINE

JAN 18 2008

EXAMINER

		•	•			
TO:	Registration Section					
	Division of Corporations					
CUDIC	COT.	Rond Morte:	age Financial Service	s LLC		
SUBJE	ici:		ted Liability Company)	<u> </u>		
		(Name of Limi	ted Liability Company)	•		
Th	-1 Anti-las af Oursenies	(a):	autorista d'Escrética			
i ne en	closed Articles of Organiza	nion and ree(s) are	submitted for filing.			
Please	return all correspondence c	oncerning this mat	tter to the following:			
•		Donald G. S	Stelzner			
			(Name of Person)			
			(Hame of Ferson)			
			(Firm/Company)		·	
			(1 mile Company)	r		•
	1001 7 . 71	. n 1		Db D1.		101
	1281 East Blue	a Heron Boule	evard #136, West Palm (Address)	beach, Fic)riga _53	9404
	•		()		JA]	200
					E CS	<u></u>
			ty/State and Zip Code)			008 JAN 17 PH 12: 49
		(3.	.,, out and s.p cour,		SS	<u> </u>
		,			EE O	-0
For furt	ther information concerning	g this matter, pleas	e call:		(V)	<u> </u>
					27	$\ddot{\wp}$
	Donald G. Stelzne	er	at (561) 385-18	390	<u>55</u>	51
	(Name of Person)		(Area Code & Daytime		per)	
Enclos	ed is a check for the foll	owing amount			,	
Lifeios	ca is a check for the form	OWING amount.				
\$125.	.00 Filing Fee _ ρ \$130	.00 Filing Fee &	ρ \$155.00 Filing Fee &	ρ \$160.00	Filing Fe	e,
	Certific	ate of Status	Certified Copy	Certificate		s &
			(additional copy is enclosed)	Certified		
		•		(additional o	copy is enclo	osed)
	Mailing	g Address	Street/Courier Addr	ess		
		ation Section	Registration Section	<u></u>		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Must end with the words "Limited Liability Company, "	"Limited Company" or their abbreviation "LLC" or "LCC")
	Entitled Company of their about viation about the body
ARTICLE II - Address:	
The mailing address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1281 E. Blue Heron Blvd #136	1
West Palm Beach, Florida 33404	
ARTICLE III - Registered Agent, Regist	tered Office, & Registered Agent's Signatures
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another.
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's Signatures Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	the registered agent are:
The name and the Florida street address of	the registered agent are:
The name and the Florida street address of Donald G. St	the registered agent are:
The name and the Florida street address of Donald G. St	the registered agent are:
The name and the Florida street address of Donald G. St	the registered agent are: SEE FLORICE Vame The registered agent are: SEE FLORICE 17 18 19 19 19 10 10 10 10 10 10 10
The name and the Florida street address of Donald G. St. N 1281 East Blue Here	the registered agent are: telzner Vame The registered agent are: SEE, FLORIUE: L9
The name and the Florida street address of Donald G. St. N 1281 East Blue Here	the registered agent are: SRRY PH SIAR Vame on Boulevard #136

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..

Registered Agent's Signature (REOUIRED

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>		Name and Address:
"MGR" = Manag		
"MGRM" = Man	laging Member	
MGRM		Donald G. Stelzner
		1281 East Blue Heron Boulevard #13
		West Palm Beach, Florida 33404
		-
	 ,	· .
	_	
		
LEV: Effective	date, if other than the	date of filing: (OPTIC
LE V: Effective fective date is l	date, if other than the	date of filing: (OPTIC be specific and cannot be more than five bus
LE V: Effective ffective date is loor 90 days after	date, if other than the disted, the date must the date of filing.)	
LE V: Effective fective date is loor 90 days after	date, if other than the disted, the date must the date of filing.) GNATURE:	be specific and cannot be more than five bus
LE V: Effective fective date is loor 90 days after	date, if other than the disted, the date must the date of filing.) GNATURE:	be specific and cannot be more than five bus Milyen or an authorized representative of a member.
LE V: Effective fective date is loor 90 days after	date, if other than the disted, the date must the date of filing.) GNATURE: Signature of a member (In accordance with sect	be specific and cannot be more than five bus or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution putes an affirmation under the penalties of periury.
LE V: Effective fective date is loor 90 days after	date, if other than the disted, the date must the date of filing.) GNATURE: Signature of a member (In accordance with sect of this document constitution)	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution putters an affirmation under the penalties of perjury of the penalties of penalti
LE V: Effective fective date is loor 90 days after	date, if other than the disted, the date must the date of filing.) GNATURE: Signature of a member (In accordance with sect of this document constitution that the facts stated here.)	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution authorized representative of perjury CRETARE AND
LE V: Effective fective date is l or 90 days after REQUIRED SIG	date, if other than the disted, the date must the date of filing.) GNATURE: Signature of a member (In accordance with sect of this document constitution that the facts stated here.)	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution rein are true.) Donald G. Stelzner ed or printed name of signee
LE V: Effective fective date is loor 90 days after	date, if other than the disted, the date must the date of filing.) GNATURE: Signature of a member (In accordance with sect of this document constitution that the facts stated here.)	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution rein are true.) Donald G. Stelzner ed or printed name of signee
LE V: Effective fective date is lor 90 days after REQUIRED SIG	date, if other than the disted, the date must the date of filing.) GNATURE: Signature of a member (In accordance with sect of this document constitution that the facts stated here.)	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution rein are true.) Donald G. Stelzner ed or printed name of signee
ffective date is lear 90 days after REQUIRED SIGN Filing Fees: \$125.00 Filing For Regi	date, if other than the disted, the date must the date of filing.) GNATURE: Signature of a member (In accordance with sect of this document constituted that the facts stated here.) Type	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution autes an affirmation under the penalties of perjury AHASSET ARY OF STATE and or printed name of signee