

LD8000020611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

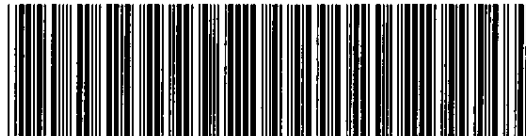
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500118731925

02/26/08--01017--021 \*\*125.00

FILED  
08 FEB 26 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Culligan FEB 27 2008

# Milledge & Iden

ATTORNEYS AT LAW

Allan Milledge

Bruce Franklin Iden

February 25, 2008

**Via FedEx**

Department of State  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: 6 Trusts Florida, LLC  
Our File No.: ANP-19**

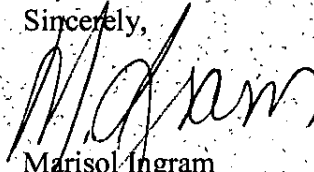
Dear Sir/Madam:

Enclosed please find the Articles of Organization for 6 Trusts Florida, LLC.  
Enclosed also is our check in the amount of \$125.00 covering the filing fee of \$100.00  
plus the registered agent fee of \$25.00.

Please provide the undersigned with a certificate of status for this new entity.

Thank you very much for your attention to these matters.

Sincerely,



Marisol Ingram  
Legal Assistant to Bruce F. Iden

*Encs.*

\\MISBS\Users\Marisol\My Documents\BFIANSIN\Six Trust LLC\Div-Corp.ltr-LLC.doc

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 6 TRUSTS FLORIDA, 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:

BRUCE F. IDEN, ESQ.  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

3240 CORPORATE WAY  
(Address)

MIRAMAR, FL 33025  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRUCE IDEN at 954 885-0085  
(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

# Articles of Organization

for

## 6 Trusts Florida, LLC

FILED  
08 FEB 26 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE I

#### Name

The name of the Limited Liability Company is: **6 Trusts Florida, LLC.**

### ARTICLE II

#### Address

The mailing address and street address of the principal office of the Limited Liability Company is: 1401 79<sup>th</sup> Street Causeway, Miami, Florida 33141.

### ARTICLE III

#### Duration

This period of duration for the Limited Liability Company shall be: **Perpetual.**

### ARTICLE IV

#### Purpose

This Limited Liability Company is organized for the purpose of transacting any or all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act.

### ARTICLE V

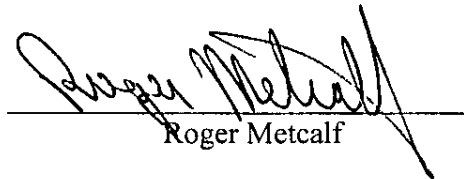
#### Registered Agent

The street address of the initial registered office of the Limited Liability Company shall be **1401 79<sup>th</sup> Street Causeway, Miami, Florida 33141** and the name of the initial registered agent of the Limited Liability Company at that address is **Roger Metcalf.**

**ARTICLE VI**  
**Manager-Managed Company**

The Limited Liability Company is to be managed by one or more managers and is therefore a manager-managed company.

The undersigned authorized representative of a member of **6 Trusts Florida, LLC**, hereby executes these Articles of Organization on this 11th day of February, 2008.

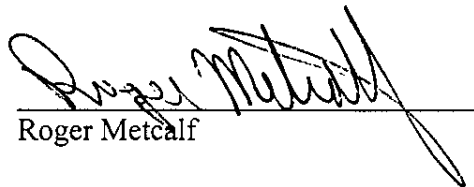
  
\_\_\_\_\_  
Roger Metcalf

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: **6 Trusts Florida, LLC**
2. The name and the Florida street address of the registered agent and office are:  
**Roger Metcalf, 1401 79<sup>th</sup> Street Causeway, Miami, Florida 33141**

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.

  
Roger Metcalf

**FILED**  
**08 FEB 26 AM 11:06**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**