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Office Use Only

G. MCLEOD

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**EXAMINER** 



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## **COVER LETTER**

TO: Registration S Division of Co						
SUBJECT: Public Payoff LLC (Name of Limited Liability Company)						
The enclosed Articles of	f Organization and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter t	to the following:				
	Chris 2	Rattray me of Person)				
Public Payoff LLC (Firm/Company)						
1171 NE Clove/and St.  (Address)						
		And I 3	3755			
(City/State and Zip Code)  For further information concerning this matter, please call:						
Chris (Name	of Person) at	(727) 46/- (Area Code & Daytime Tele	9090 cphone 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 C Tallahassee, FL 32301				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Public Pourt	12C
(Must end with the words "Limited Liabil	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1171 NE Cleveland St. Clearn Hoy F1 3-3755	1171 NE Cleveland St. Clear notes, Fr 33754
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:

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

Garada FL 33755

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..

Registered Agent's Signature (REQUIRED)

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

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
	MOR	Chris Rattrus 1171 NE Closelan Clear unter, El 3	d St. 375>
	MERM	Anne Beaadyn 1171 AF Hevela Clear a a fer, 14	33255
	<del>., ., ., </del>		
	(Use attachment if necessary)		
Ifan	ICLE V: Effective date, if other than the date effective date is listed, the date must be specified agreement the date of filing.)	te of filing:  pecific and cannot be more than five b	(ΟΡΊΟΝΑL) ousiness days prior
	REQUIRED SIGNATURE:	/_	
	Chris	Valley	_
	Signature of a member o	r an authorized representative of a member	•
	(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury ein are true	,
	Chris	Kattraj	
	Typec	or printed name of signee	

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)