

L08000080799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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900133449419

07/28/08--01010--008 \*\*130.00

Effective Date 09/01/08

T. HAMPTON

AUG 25 2008

EXAMINER

77956-8000

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BROWARD FINANCE ADJUSTERS 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:

**JUSTIN COGBURN**

(Name of Person)

**FLORIDA FINANCE ADJUSTERS, INC.**

(Firm/Company)

**P. O. BOX 661158**

(Address)

**MIAMI SPRINGS FLORIDA 33266**

(City/State and Zip Code)

For further information concerning this matter, please call:

**JUSTIN COGBURN**

(Name of Person)

at ( **305** ) **218-6986**

(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

08 AUG 22 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 29, 2008

JUSTIN COGBURN  
P O BOX 661158  
MIAMI SPRINGS, FL 33266

SUBJECT: BROWARD FINANCE ADJUSTERS LLC  
Ref. Number: W08000035647

We have received your document for BROWARD FINANCE ADJUSTERS LLC and your check(s) totaling \$130.00. 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 July 28, 2008. 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: 608A00043585

Effective Date

09/01/08

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

BROWARD FINANCE ADJUSTERS 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:

2780 NW 38 ST., MIAMI, FL 33142

Mailing Address:

PO BOX 661158, MIAMI SPRINGS, FL 33266

### 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:

JUSTIN COGBURN

Name

830 NW 106 AVE #5

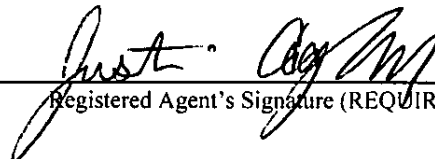
Florida street address (P.O. Box **NOT** acceptable)

MIAMI 33172

FL

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)

(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:**

MGRM

Justin Cogburn  
830 NW 10th Ave.  
Miami, FL 33172

MGRM

Michael Clovis  
9921 SW 62nd St  
Miami, FL 33173

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: September 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.)

Justin Cogburn  
\_\_\_\_\_  
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)**