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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

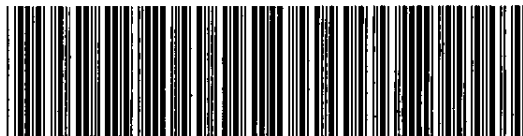
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9/8/08



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP -8 PM 12:11

FILED

D. BRUCE
SEP 09 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cash Management Fortress, 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:

Jason D. Winn
(Name of Person)

Jason D. Winn, P.A. Attorney at Law
(Firm/Company)

119 E. Park Ave. Suite 2-C
(Address)

Tall. FL 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

Jason D. Winn at (850) 222-7199
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cash Management Fortress, 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:

Cash Management Fortress, LLC
4479 Harbour North Court
Jacksonville, Florida 32225

Mailing Address:

Cash Management Fortress, LLC
4479 Harbour North Court
Jacksonville, Florida 32225

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:

Mr. Tad Fisher

Name

4479 Harbour North Court

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

Jacksonville, Florida 32225

City, State, and Zip

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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

EFFECTIVE DATE 9/8/08

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Mr. Tad Fisher
4479 Harbour North Court
Jacksonville, Florida 32225

MGRM

Mr. Elliott Horovitz
856 Old Grove Manor
Jacksonville, Florida 32207

MGRM

Mr. Bruce Horovitz
2977 Bernice Court
Jacksonville, Florida 32257

MGRM

Dr. James Barker
13312 Golf Crest Circle
Tampa, Florida 33618-8618

MGRM

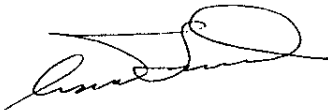
Mr. Stephen R. Winn
1424 Oxbottom Road
Tallahassee, Florida 32312

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 8, 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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

Mr. Tad Fisher

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)