

L08000114376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

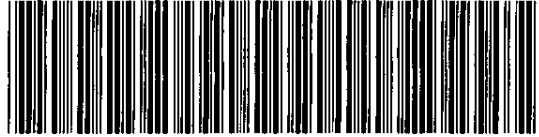
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500138501565

12/15/08--01030--013 \*\*260.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 DEC 15 PM 2:17

J. BRYAN

DEC 16 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dispute Solution Centers of 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:

Robert Frenzel  
(Name of Person)

Dispute Solution Centers of Florida, LLC  
(Firm/Company)

13862 Saxon Lake Dr.  
(Address)

Jacksonville, FL 32225  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Frenzel at (904) 221-1715  
(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

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
08 DEC 15 PM 2:17

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Dispute Solution Centers of Florida, 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 are:

#### Principal Office Address:

10151 Deerwood Park Blvd.  
Bldg. 200, Ste 250  
Jacksonville, FL 32256

#### Mailing Address:

10151 Deerwood Park Blvd.  
Bldg. 200, Ste 250  
Jacksonville, FL 32256

### 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:

Robert H. Frenzel

Name

13862 Saxon Lake Dr.

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

Jacksonville FL 32225

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.*

Robert H. Frenzel  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
08 DEC 15 PM 3:17

**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:**

MGR

Robert H. Frenzel  
10151 Deerwood Park Blvd.  
Bldg. 200, Ste 250  
Jacksonville, FL 32256

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

FILED  
CLERK OF SUPERIOR COURT  
JANUARY 15 PM 2:17

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

Robert H. Frenzel  
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.)

Robert H. Frenzel  
Typed 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)