

L09000025393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

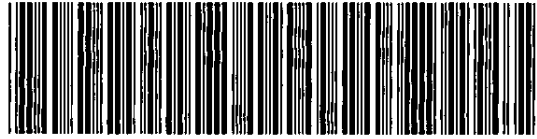
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/02/09--01028--007 **125.00

FILED
09 MAR 16 AM 8:32
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

W09-9990
BRYAN MAR 3 2009

J. BRYAN

MAR 17 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2009

SOBHAN ARAFA
EASTERN CAPITAL FINANCIAL SERVICES, LLC
5821 FUNSTON ST
HOLLYWOOD, FL 33023

SUBJECT: EASTERN CAPITAL FINANCIAL SERVICES, LLC
Ref. Number: W09000009990

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TALLAHASSEE, FLORIDA

We have received your document for EASTERN CAPITAL FINANCIAL SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We need the form without client copy stamped across each page,

The registered agent must sign accepting the designation.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6043.

→ Joey Bryan
Regulatory Specialist II

Letter Number: 609A00007270

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EASTERN CAPITAL FINANCIAL SERVICES, 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:

SOBHAN ARAFA
(Name of Person)

EASTERN CAPITAL FINANCIAL, LLC
(Firm/Company)

5821 Funston st.
(Address)

Hollywood, FL 3302
(City/State and Zip Code)

For further information concerning this matter, please call:

Sobhan Arafa at (609) 792-70
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EASTERN CAPITAL FINANCIAL SERVICES, 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:

Mailing Address:

E.C.F
5821 Funston st.
Hollywood, FL 33023

E.C.F
5821 Funston st.
Hollywood, FL 33023

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:

Don WEINSTEIN
Name

7266 S DEMON DR
Florida street address (P.O. Box **NOT** acceptable)

TAMARAC FL 33321
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.

D.W. Weinstein
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

SOBHAN ARAFA
10000 S Lake Vista Cir
Danie FL, 33328

MGRM

STEVE BAGLIVO
4459 LIVERPOOL Ave
EGG Harbor City, NJ 08215

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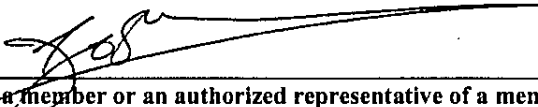
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(Use attachment if necessary)

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:



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.)

Sobhan Arafa

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)