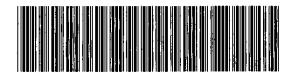
109000031512

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
·	·	
(Cit	ty/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	cument Number)	
•	,	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





800147888248

04/01/09--01011--013 **125.00

09 APR -8 PM 3: 29

\$6551-600

T. HAMPTON

APR - 9 2009

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Asset Protection Specialists 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:	
Brian Lewis (Name of Person)	
(Firm/Company)	
127 Gordon Ave. (Address) Hyde Park, MA 02136 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Brian Lewis at (617) 594-2127 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount: Already submitted w/ \$125.00 Filing Fee.	+
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & \$\times \text{\$155.00 Filing Fee & \$\times \text{\$160.00 Filing Fee, } \\ \text{Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, } \\ \text{Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, } \\ \text{Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, } \\ \$16	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
en e	

or port oraquest to the character are arrest formers.



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 APR -8 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 2, 2009

BRIAN LEWIS 127 GORDON AVE HYDE PARK, MA 02136

SUBJECT: ASSET PROTECTION PARTNERS LLC

Ref. Number: W09000015499

We have received your document for ASSET PROTECTION PARTNERS 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P03000009223 (ASSET PROTECTION PARTNERS, INCORPORATED).

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

Letter Number: 209A00011138

Registration/Qualification Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

mpany is:
. -
re: ner
ted limited ment as sions of all with and 8, ES
ii th

(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:

T:41		Manage de Addresse
<u>Title:</u> "MGR" = Manag	ger	Name and Address:
"MGRM" = Mar		
MGR		Brian Lewis
		11990 S. Edgewater Dr. Palm Beach Gardens FL 33410
	•	paim Beath Guidens, FL 33410
MGRM		Amanda Burden
		1/990 S. Edgewater Dr.
		Palm Brach Gardens, FL 33410
MGRM		Christophi Burden Jr.
7 10 111 (2276 Bay Village Ct.
		Palm Beach Gardens, FL 33410
		,
 	<u> </u>	
(Use attachment	if necessary)	
		ate of filing: (OPTIONAL)
effective date is lis 90 days after the d		specific and cannot be more than five business days
ro any o mitor the de	mir or immen	
REQUIRED SI	GNATURE:	
		a · O ·
	/2	
	<u> </u>	
	Signature of a member	or an authorized representative of a member.

that the facts stated herein are true.)

Brian Lewis
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)