

LD910000037183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer

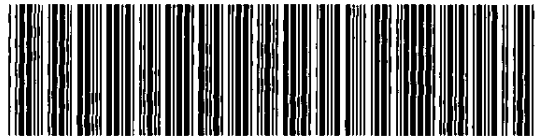
**L. SELLERS**

APR 17 2009

**EXAMINER**

~~6200 1179~~

Office Use Only



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**09 MAR 16 AM 8:07**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Sam's House of Recovery, Limited Liability Company  
(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:

Marsha B. Congdon

(Name of Person)

(Firm/Company)

420 South 11th Street, Suite 214

(Address)

Omaha, NE 68102

(City/State and Zip Code)

For further information concerning this matter, please call:

Marsha Congdon

(Name of Person)

at ( 218 ) 234-6800

(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

March 10, 2009

MARSHA B. CONGDON  
420 SOUTH 11TH STREET, STE. 214  
OMAHA, NE 68102

SUBJECT: SAM'S HOUSE OF RECOVERY  
Ref. Number: W09000011279

We have received your document for SAM'S HOUSE OF RECOVERY 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 . Please amend your document accordingly.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 109A00008204



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 26, 2009

MARSHA B. CONGDON  
420 SOUTH 11TH STREET, STE. 214  
OMAHA, NE 68102

SUBJECT: SAM'S HOUSE OF RECOVERY  
Ref. Number: W09000011279

We have received your document for SAM'S HOUSE OF RECOVERY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective July 1, 2007, 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." Please amend your document accordingly.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 209A00010277

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Sam's House of Recovery, Limited Liability Company

(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:

4535 SE 14th Ave  
Cape Coral, FL. 33914

#### Mailing Address:

420 South 11 Street, Suite 214  
Omaha, NE 68102

### 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:

Marsha B. Congdon

Name

12780 Yacht Club Circe

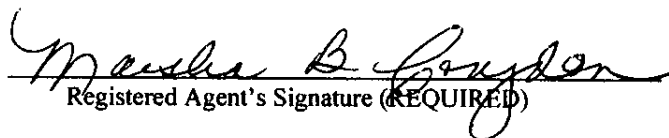
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers, FL. 33919

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)

**FILED**  
**09 MAY 16 AM 8:07**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

(CONTINUED)

**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

Marsha Congdon

12780 Yacht Club Circle

Fort Myers, FL 33919

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 03/16/09. (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:**

Marsha B. Congdon  
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.)

Marsha B. Congdon

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)**

**FILED**  
**09 MAR 16 AM 8:49**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**