

L09000046973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

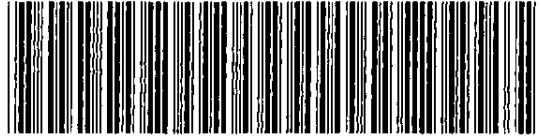
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/01/08--01053--023 **125.00

FILED
09 MAY 14 PM 3:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 14 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BELEN -C.P.R. CREDIT LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

ALEJANDRO BELEN
(Contact Person)

BELEN -CPR- CREDIT LLC
(Firm/Company)

6717 WALLIS ROAD
(Address)

WEST PALM BEACH FLORIDA 33413
(City, State and Zip Code)

For further information concerning this matter, please call:

ALEJANDRO BELEN at (561) 215-5829
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees.
Certified Copy, and
Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2008

ALEJANDRO BELEN
6717 WALLIS ROAD
WEST PALM BEACH, FL 33413

SUBJECT: BELEN C.P.R. CREDIT LLC
Ref. Number: W08000053727

We have received your document for BELEN C.P.R. CREDIT 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):

You must list the address in ARTICLE II.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 108A00058875

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BELEN C.P.R. CREDIT LLC.

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6717 WALLIS RD
WEST PALM BEACH
FL 33413

Mailing Address:

6717 WALLIS RD
WEST PALM BEACH
FL 33413

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:

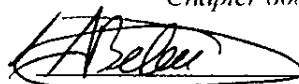
ALEJANDRO BELEN
Name
6717 WALLIS ROAD
Florida street address (P.O. Box **NOT** acceptable)
WEST PALM BEACH, FL 33413
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 14 PM 3:00

FILED

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)

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:

PRESIDENT

ALEJANDRO BELEN

6717 WALLIS ROAD

WEST PALM BEACH, FLORIDA 33413

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: NONE

(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

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.)

ALEJANDRO BELEN

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 MAY 14 PM 3:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA