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# **COVER LETTER**

	A	S. 450 - 1 O - 11 - 15 - 1 - 1 - 1 O	
SUBJECT:		Certified Collections, LLC	
	Name of Limit	ed Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corr	respondence concerning this mat	ter to the following:	
		Villiam Gaeta	
		Name of Person	
	American C	ertified Collections, LLC	2009 MAY 18 PM 2: 5 SECHETARY OF STAT TALLAHASSEE, FLORI
		Firm/Company	AH
	P.	O. Box 14486	WRY ASSI
		Address	E P
	Brad	lenton, FL 34209	2: 5 LORI
<del> </del>	Cit	y/State and Zip Code	32
	E-mail address: (to be used	for future annual report notification)	
For further informati	ion concerning this matter, pleas	e call:	
w	/illiam Gaeta	at ( 941 ) 757	-0337
Na	me of Person	Area Code & Daytime Telepho	one Number
Enclosed is a checl	k for the following amount:		
]\$125.00 Filing Fe	e \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}	Certified Copy (additional copy is enclosed)	160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circ	

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	
American Certified	Collections, LLC
	bility 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:
100 Third Avenue West Bradenton, FL 34205  ARTICLE III - Registered Agent, Registered	
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the	mo p
Ginger I	Perusek
Nam	e
6150 \$	SR 70
Florida street address (P.0	O. Box NOT acceptable)
Bradenton, FL 34203	FI.
City, State,	and Zip
	accept service of process for the above stated limited this certificate, I hereby accept the appointment as

Registered Agent's Signature (REQUIRED)

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..

### 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:

"MGR" = Manag "MGRM" = Man		Name and Address:	
MGR	<del></del>	William Gaeta P.O. Box 14486	<del></del>
		Bradenton, FL 34209	
	_	TALL	2009
***************************************		AHAS/A	HAY 18
		ー	P# 2
<del></del>		<del></del>	
			<u>5</u>
(Use attachment i	if necessary)		<u> </u>
ICLE V: Effective of	date, if other than the ted, the date must be te of filing.)	date of filing: (OPT	  TIONAL)
ICLE V: Effective on effective date is list 90 days after the date	date, if other than the ted, the date must be te of filing.)	date of filing: (OPT specific and cannot be more than five busine	  TIONAL)
ICLE V: Effective on effective date is list 90 days after the date	date, if other than the ted, the date must be te of filing.)  GNATURE:	date of filing: (OPT	  TIONAL)
ICLE V: Effective on effective date is list 90 days after the date	date, if other than the ted, the date must be ate of filing.)  GNATURE:  Signature of a member (In accordance with sec	date of filing: (OPT expecific and cannot be more than five business.)  Luci	  TIONAL)
ICLE V: Effective on effective date is list 90 days after the date	date, if other than the ted, the date must be ate of filing.)  GNATURE:  Signature of a member of this document const that the facts stated here	date of filing: (OPT expecific and cannot be more than five business.)  Luci	  TIONAL)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)