

L090000050167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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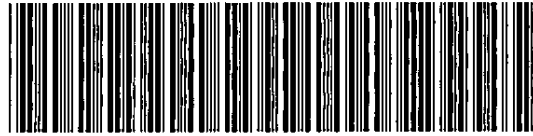
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR
MAY 26 2009
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 014288 7653932

AUTHORIZATION :

COST LIMIT : \$155.00

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TALLAHASSEE, FLORIDA

ORDER DATE : May 22, 2009

ORDER TIME : 3:43 PM

ORDER NO. : 014288-005

CUSTOMER NO: 7653932

DOMESTIC FILING

NAME: US ASSET RECOVERY MANAGEMENT,
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
Name

The name of this Limited Liability Company is:

US Asset Recovery Management, LLC

ARTICLE II
Address

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

US Asset Recovery Management, LLC
c/o Lewis B. Freeman & Partners, Inc.
3225 Aviation Avenue, Suite 501
Miami, FL 33133

ARTICLE III
Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV
Initial Board of Managers

This Limited Liability Company shall have two (2) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The names and addresses of the initial managers of this Limited Liability Company are as follows:

<u>Name</u>	<u>Street Address</u>
Augusto Menendez	Terrabank Building, Suite 403 3191 Coral Way Miami, Florida 33145
Lewis B. Freeman	3225 Aviation Avenue, Suite 501 Miami, FL 33133

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TALLAHASSEE, FLORIDA

ARTICLE V

Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Robert Schatzman
GrayRobinson, P.A.
1221 Brickell Avenue, Suite 1600
Miami, FL 33131

Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I am familiar with and accept the obligations of my position as the registered agent for this Limited Liability Company, as provided for in Chapter 608, Florida Statutes.



REGISTERED AGENT'S SIGNATURE

In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



AUTHORIZED REPRESENTATIVE'S SIGNATURE

ROBERT SCHATZMAN, AUTHORIZED REPRESENTATIVE

Type or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)