

L09000072234

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H09000169993 3)))



H090001699933ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 27 AM 10:31

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

YOUR PROPERTY TAX ADJUSTERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

09 JUL 27 AM 6:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

1409000169993

FILED

09 JUL 27 AM 10:31

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

YOUR PROPERTY TAX ADJUSTERS, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

3114 N. FLAMINGO ROAD
PEMBROKE PINES, FL
33028

Mailing Address:

6900 TAFT STREET
HOLLYWOOD FL
33024

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:

ROBERTA GOLDBERG
Name

6900 TAFT STREET
Florida street address (P.O. Box NOT acceptable)
HOLLYWOOD FL 33024
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..

Roberta Goldberg
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

1409000169993

409000169993

FILED

09 JUL 27 AM 10:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Michael M. RILEY
6900 Taft Street
Hollywood, FL 33024

MGRM

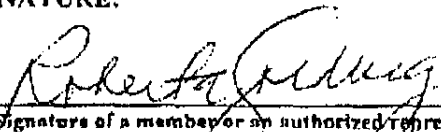
ROBERTA Goldberg
6900 Taft Street
Hollywood, FL 33024

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:



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.)

ROBERTA Goldberg

Typed or printed name of signer

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)

409000169993