Electronic Filing Cover Sheet

Public Access System

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

(((H09000182175 3)))



H090001621753ABC0

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 : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number : (515)935-3088

2009 AUG IL AM 8: 06 SECRETARY OF STATE SECRETARY OF STATE

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED

9 AUG 14 AN 10: 52
SECRETARY OF STATE
ALLAHASSEE PLORINA

Acculease of Florida LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

C. LEWIS

AUG 172009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H09000182179

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Acculease of Florida LLC

ARTICLE II - Address

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

	Mailing Address:
772 US Highway 1 #201	772 US Highway 1 #201
North Palm Beach, FL 33408	North Palm Beach, FL 33408
ARTICLE III - Registered Agent	Registered Office & Registered Agent's Signature
The name and Florida street address of the	
The name and Florida street address of the	
The name and Florida street address of the	e registered agent are:
The name and Florida street address of the	registered agent are: Lou Fuoco
The name and Florida street address of the	Lou Fuoco Name
The name and Florida street address of the	Pregistered agent are: Lou Fuoco Name 772 US Highway 1 #201

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 duttes, 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 - Lou Fuoco

H09000182175

ARTICLE IV - Manager(s) or Managing Member(s):

stated herein are true.)

The name and address of each Manager or Managing Member is as follows:

·	•
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Lau Fuoco - 772 US Highway 1 #201, North Palm Beach, FL 33408
MGRM	Julio Gonzales - 772 US Highway 1 #201, North Palm Beach, FL 33408
MGRM	Fred Ferrara - 772 US Highway 1 #201. North Palm Beach, FL 33408
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
Signature o	f a member or authorized representative of a member.
(In accordance	ce with section 608.408(3), Florida Statutes, the execution of this

Lou Fuoco

Typed or printed name of signee

document constitutes an affirmation under the penalties of perjury that the facts

ZOBS AUG IL AM 8: 06
SECRETARY OF STATE ORIDA