

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARCC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISA LOCKHART
Name of Person

9176 NW 24 PL
Address

SUNRISE FL 33322
City/State and Zip Code

ARCC-Dept@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA LOCKHART at 954, 1283-2363
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2009

LISA LOCKHART
9176 NW 24 PLACE
SUNRISE, FL 33322

SUBJECT: ARCC
Ref. Number: W09000037918

We have received your document for ARCC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L05000111089.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 109A00028393

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARCC-CHRISTIAN DEBT RELIEF LLC
(Must end with the words "Limited Liability 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:

9176 NW 24 PL
SUNRISE, FL 33322

SAME

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:

LISA LOCKHART
Name

9176 NW 24 PL
Florida street address (P.O. Box **NOT** acceptable)

SUNRISE FL 33322
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..

Lisa Lockhart
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
09 SEP -8 AM 8:14
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

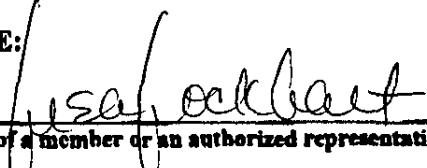
Name and Address:

_____	_____
_____	_____
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_____	_____

(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.)

LISA LOCKHART

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 SEP -8 AM 8:44
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Form **SS-4**

Application for Employer Identification Number

OMB No. 1545-0003

(Rev. January 2009)

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

Department of the Treasury
Internal Revenue Service

▶ See separate instructions for each line. ▶ Keep a copy for your records.

1 Legal name of entity (or individual) for whom the EIN is being requested LISA LOCKHART		3 Executor, administrator, trustee, "care of" name	
2 Trade name of business (if different from name on line 1) ARCC ARCC-CHRISTIAN DEBT RELIEF		5a Street address (if different) (Do not enter a P.O. box.) SAME	
4a Mailing address (room, apt, suite no. and street, or P.O. box) 9176 NW 24 PLACE		5b City, state, and ZIP code (if foreign, see instructions) SAME	
4b City, state, and ZIP code (if foreign, see instructions) SUNRISE FL 33322		5b City, state, and ZIP code (if foreign, see instructions) SAME	
6 County and state where principal business is located BROWARD FLORIDA			
7a Name of principal officer, general partner, grantor, owner, or trustee		7b SSN, ITIN, or EIN	

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? Yes No

8b If 8a is "Yes," enter the number of LLC members **1**

8c If 8a is "Yes," was the LLC organized in the United States? Yes No

9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.

<input checked="" type="checkbox"/> Sole proprietor (SSN) SP; OS: 6805	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (TIN)
<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (TIN of grantor)
<input type="checkbox"/> Personal service corporation	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other (specify) ▶	Group Exemption Number (GEN) if any ▶

9b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
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10 Reason for applying (check only one box)

Started new business (specify type) ▶

Banking purpose (specify purpose) ▶

Changed type of organization (specify new type) ▶

Purchased going business

Created a trust (specify type) ▶

Created a pension plan (specify type) ▶

Hired employees (Check the box and see line 13.)

Compliance with IRS withholding regulations

Other (specify) ▶

11 Date business started or acquired (month, day, year): See instructions.

12 Closing month of accounting year **DECEMBER**

13 Highest number of employees expected in the next 12 months (enter -0- if none).

Agricultural	Household	Other
		1

14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? Yes No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")

15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year).

16 Check one box that best describes the principal activity of your business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Retail
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input checked="" type="checkbox"/> Other (specify) DEBT MANAGEMENT			

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
HELPING PEOPLE DEALS WITH THEIR DEBT

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes No

If "Yes," write previous EIN here ▶

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Third Party Designee	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's tax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶

Signature ▶ **Lisa Lockhart** Date ▶ **8/15/09**

Applicant's telephone number (include area code) **954 333-8871**

Applicant's tax number (include area code) **954 766-4600**