

LD9000086978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

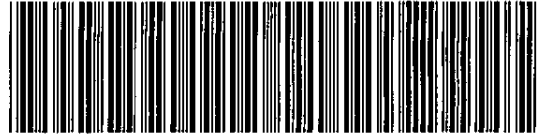
(Business Entity Name)

(Document Number)

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09 SEP - 8 AM 8: 26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Recover Now, LLC

\_\_\_\_\_  
(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:

**Randolph F. Jones, CPA**

\_\_\_\_\_  
(Name of Person)

**Donovan Bell and Associates, CPA's PA**

\_\_\_\_\_  
(Firm/Company)

**3670 US Hwy 1 South, Ste. 290**

\_\_\_\_\_  
(Address)

**St. Augustine, FL 32086**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Randolph F. Jones, CPA** at ( 904 ) 797-6660

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 filing Fee

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 14, 2009

RANDOLPH F. JONES CPA  
DONOVAN BELL AND ASSOCIATES CPA'S PA  
3670 US HIGHWAY 1 SOUTH, STE. 290  
ST AUGUSTINE, FL 32086

SUBJECT: DEBORAH CROSSLEY LLC  
Ref. Number: W09000036927

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

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 909A00027790

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the limited Liability Company is:

Recover Now, 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:**

Recover Now, LLC

Recover Now, LLC

110 Ocean Hollow, #102

110 Ocean Hollow, #102

St. Augustine, FL 32084

St. Augustine, FL 32084

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Deborah Crossley

Name

110 Ocean Hollow, #102

Florida street address (P.O. Box NOT acceptable)

St. Augustine, FL 32084

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated 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, Florida Statutes.*

  
Registered Agent's Signature

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**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:

<u>Title:</u>	<u>Name and Address</u>
“MGR” = Manager “MGRM” = Managing Member	
MGRM	Deborah Crossley 110 Ocean Hollow, #102 St. Augustine, FL 32084
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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:**  
X Deborah Crossley  
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.)

Deborah Crossley  
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)

**FILED**  
09 SEP -8 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA