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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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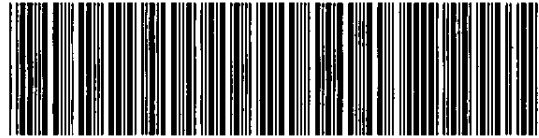
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 OCT 23 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 26 2009

TO: Registration Section
Division of Corporations

SUBJECT: FINANCIAL RECOVERY STRATEGIES, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Moyer
13846 Atlantic Boulevard #1006
[* ____*]
Jacksonville, Florida 32225
E-mail address (to be used for future annual report notification): Floridahopenow.com

For further information concerning this matter, please call:

Thomas Moyer at (904) 545-6170

Enclosed is a check for the following amount: \$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

**ARTICLES OF ORGANIZATION
OF
FINANCIAL RECOVERY STRATEGIES, LLC**

ARTICLE I - NAME

The name of the limited liability company is FINANCIAL RECOVERY STRATEGIES, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

328 2nd Avenue North
Jacksonville Beach, Florida 32250

Mailing Address:

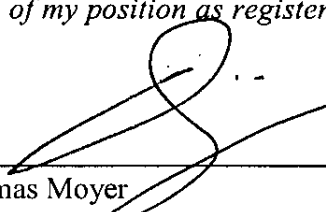
328 2nd Avenue North
Jacksonville Beach, Florida 32250

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Thomas Moyer
13846 Atlantic Boulevard #1006
Jacksonville, Florida 32225

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..



Thomas Moyer

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

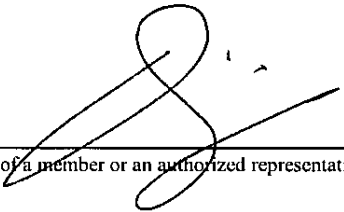
"MGMR" = Managing Member

Name and Address:

MGR

Thomas Moyer
13846 Atlantic Boulevard #1006
Jacksonville, Florida 32225

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.)

Thomas Moyer

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY FINANCIAL RECOVERY STRATEGIES, LLC, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is FINANCIAL RECOVERY STRATEGIES, LLC.

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

Thomas Moyer

13846 Atlantic Boulevard #1006, Jacksonville, Florida 32225 (Post office box is NOT acceptable.)

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, Florida Statutes.

Thomas Moyer
Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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