

L10000029058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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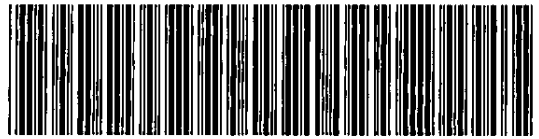
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 23 PM 1:36

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ITRC LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

PAUL GARFINKLE

Name of Person

ATLANTIC AVENUE D.B., INC.

Firm/Company

5629 AMERICAN CIRCLE

Address

DELRAY BEACH, FL 33484

City/State and Zip Code

garfinkle100@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL GARFINKLE

Name of Person

at (561)

499-5280

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000029058
FILED 8:00 AM
March 15, 2010
Sec. Of State
gharvey

Article I

The name of the Limited Liability Company is:
ITRC LLC

Article II

The street address of the principal office of the Limited Liability Company is:
20423 STATE ROAD 7
SUITE F6-214
BOCA RATON, FL. 33498

The mailing address of the Limited Liability Company is:
20423 STATE ROAD 7
SUITE F6-214
BOCA RATON, FL. 33498

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
PAUL GARFINKLE
5629 AMERICAN CIRCLE
DELRAY BEACH, FL. 33484

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.

Registered Agent Signature: PAUL GARFINKLE

Article V

The name and address of managing members/managers are:

Title: MGR
LOUIS M NOLFO
20423 STATE ROAD 7
BOCA RATON, FL. 33498

L10000029058
FILED 8:00 AM
March 15, 2010
Sec. Of State
gharvey

Article VI

The effective date for this Limited Liability Company shall be:

03/15/2010

Signature of member or an authorized representative of a member

Signature: LOUIS NOLFO