# L10000054014

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
MAY 19 2010
EXAMINER

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SECRETARY OF STATE

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# **COVER LETTER**

TO:	Registration Division of C							
SUBJI	ECT: Secure	d Collections, LLC						<del></del>
		Name of Limi	ted Liability (	Compa	iny			Status &
		of Organization and fee(s) are						
Please	return an corres	pondence concerning this ma	uer to the folk	owing	•			
	Timothy Sch	ułz			···			
			Name of Pers	on				
	Timothy W. S	Schulz, PA						20
			Firm/Compa	ny				3 =
	777 South Fla	agler Drive, East 201					D T	
			Address					्र 👼
		A 51 00 10 1					רוב. ניין	약 <b>?</b>
	West Palm B	each, FL 33401	trifftato and Tie	- Codo				<u> </u>
	schulzt@twsl		ty/State and Zip	Code				
•		E-mail address: (to be used	for future annu	al repo	rt notificatio	n)		
For fur	ther information	concerning this matter, pleas	se call:					
Timot	thy Schulz		at ( 305	١	606-05	67		
		of Person		Code	·		hone Number	<del>-</del>
Enclos	sed is a check for	or the following amount:						
<b>□</b> \$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	2\$155.00 Certifie (additions	d Cop			\$160.00 Filing Certificate of St Certified Copy (additional copy is	atus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Reg Div Clif 266	istration of ton Bu 1 Exec	urier Addition Section of Corporatuilding cutive Center, FL 3230	ions er C	ircle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is	:						
Secured Collections, LLC.							
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	<del></del>					
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Li	lability Company is:					
Principal Office Address:	Mailing Address:						
777 South Flagler Drive	777 South Flagler Drive						
Suite East 201	Suite East 201						
West Palm Beach, FL 33401	West Palm Beach, FL 33401	<del></del>					
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.)  The name and the Florida street address of the Timothy W. Schulz	stered Agent. You must designate an indivi	idual or another  ALLAHAY  ARETA					
Name	<u>%</u>						
777 South Flagler Drive,	EFFERING PROPERTY OF STATE						
Florida street ad	Idress (P.O. Box <u>NOT</u> acceptable)	F STATE					
West Palm Beach	FL 33401						
City, S	tate, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

Name and Address:	
Timothy Schulz	
777 South Flagler Drive, Suite East 201	
West Pelm Beach, FL 33401	<del></del>
Thomas DeRita, Jr.	<del></del>
777 South Flagler Drive, Suite East 201	·
West Palm Beach, FL 33401	<del></del>
Jason Fishbein	
777 South Flagler Drive, Suite East 201	
West Palm Beach, FL 33401	
	2010 HA
	<del>882</del> <b>8</b>
	MON TO
	M 4:
e date of filing: May 10, 2010	OPTIONAL)
	• • • • • • • • • • • • • • • • • • • •
	Timothy Schulz  777 South Flagler Drive, Suite East 201 West Palm Beach, FL 33401  Thomas DeRita, Jr.  777 South Flagler Drive, Suite East 201 West Palm Beach, FL 33401  Jason Fishbein  777 South Flagler Drive, Suite East 201 West Palm Beach, FL 33401

#### **REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(In accordance with section 608.488(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Thomas DeRita, Jr.

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)