Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE I

Account Number : I20000000146 Phone : (305)444-4994

: (305)444-4977 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

P	Address:			
E IIIN I I	ACCUTEME:			

## FLORIDA LIMITED LIABILITY CO. TAX CERTIFICATES & INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

J. BRYAN

MAY 2 0 2010

EXAMPLE

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ARTICLES OF ORGANIZA	TION FOR FLORIDA	CLIMITED LIABIL	ITY CUMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

## TAX CERTIFICATES & INVESTMENTS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## **ARTICLE II - Address:**

Principal Office Address:

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

Mailing Address:

2800 DOUGLAS RD         2600 DOUGLAS RD           STE: 811         SSTE: 811		
STE: 811 SSTE: 811	2600 DOUGLAS RD	2800 DOUGLAS RD
	STE: 811	SSTE: 811
CORAL GABLES, FL 33134 CORAL GABLES, FL 33134	CORAL GABLES, FL 33134	

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:

LOPEZ & PARTNERS	i, L.L.C
N	ame
2600 DOUGLAS RD	STE: 811
Florida stree	et address (P.O. Box NOT acceptable)
CORAL GABLES	FL 33134
City	y, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	VS: OF STATE
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*		<del></del>
(Use attachment if necessary)		
LE V: Effective date, if other than the	date of filing:	(OPTIONAI
	specific and cannot be more than f	ive business days
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fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:		
days after the date of filing.)  REQUIRED SIGNATURE:		
days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	or an authorized representative of a mea	
days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with sect	tion 608.408(3), Florida Statutes, the execut utes an affirmation under the penalties of pe	ion

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)