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	questor's Name)	
(Re	questors Name)	
(Ad	dress)	
· (Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Name)
(Do	cument Number)	,
Certified Copies	_ Certificates o	f Status
	The second	
Special Instructions to	Hilling Officer:	

Office Use Only



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D. BRUCE

AUG 27 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJ	ECT: DMS C	ollections, LLC				
		Name of Limit	ed Liability Company			
The en	nclosed Articles o	of Organization and fee(s) are	submitted for filing.			
Please	return all corresp	oondence concerning this mat	ter to the following:			
	Aaron A. Haa	ak, Esq.				
			Name of Person			
	Knott, Conso	er, Ebelini, Hart & Swett,	P.A			
	.,		Firm/Company			
	1625 Hendry	Street, Suite 301				
			Address			
	Fort Myers, F	lorida 33901				
		Cit	y/State and Zip Code		<u></u>	•
	planning@m-		for future annual report notification)		5	
D 6	4 2 6 7		•	SSE	26	
ror ful	nner information	concerning this matter, pleas	e call:	in e	亲	
Aaror	n A. Haak, Es	q.	_at (_239)334-2722	FLOF	80 :O: NA	
	Name	of Person	Area Code & Daytime Telepl	hone Number	8	
Enclos	sed is a check for	or the following amount:		•		
□\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fe Certificate of State Certified Copy (additional copy is end	us &	
		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 Ci	role		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
DMS Collections, LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2914 Cleveland Avenue	2914 Cleveland Avenue
Fort Myers, Florida 33901	Fort Myers, Florida 33901
business entity with an active Florida registration.) The name and the Florida street address of the re Aaron A. Haak, Esq.	egistered agent are:
Name	LA O
4005 Haraday Otas at 10, 11,	5 5 77
1625 Hendry Street, Suite	ress (P.O. Box NOT acceptable)
	less (1.0. Box (101 acceptable)
Fort Myers, Florida 33901	FL tte, and Zip
,	Ø# 2
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as in I further agree to comply with the provisions of all arformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signati	ure (REQUIRED)
CONTRA	NIK LETA)
(CONTI Page 1	·
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ARTICLE IV- Manager(s) or Managing Member(s):

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

"MGR" = Manag		Name and Address:	
"MGRM" = Man			
MGR		David W. Depew	
		2914 Cleveland Avenue	
		Fort Myers, Florida 33901	
	<u> </u>		
			
			
	_		
			
			
(Use attachment	if necessary)		
(Use attachment	•,		
LE V: Effective	date, if other than the	e date of filing: (
LE V: Effective	date, if other than the	e date of filing: (be specific and cannot be more than five bu	
LE V: Effective	date, if other than the		
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LE V: Effective ffective date is lis days after the da	date, if other than the ted, the date must be ate of filing.) GNATURE: Signature of a member	er or an authorized representative of a member.	isiness days
LE V: Effective fective date is lis days after the da	date, if other than the ted, the date must be ate of filing.) GNATURE: Signature of a member (In accordance with se	er or an authorized representative of a member.	
LE V: Effective ffective date is lis days after the da	date, if other than the ted, the date must be ate of filing.) GNATURE: Signature of a member of this document const	er or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury arein are true.)	isiness days

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)