

L10000095901

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000202862 3)))



H100002028623ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
property loss recovery company, llc

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

A. LUNT

SEP 14 2010

EXAMINER

RECEIVED
10 SEP 13 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H10000202862

ARTICLES OF LIMITED LIABILITY COMPANY

of

PROPERTY LOSS RECOVERY COMPANY, LLC

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a Limited Liability Company under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this Limited Liability Company shall be:

PROPERTY LOSS RECOVERY COMPANY, LLC

ARTICLE II

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The maximum number of units that this Limited Liability Company is authorized to have outstanding at any one time is ONE HUNDRED (100) units.

ARTICLE IV

The amount of capital with which this Limited Liability Company will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

H10000202862

2010 SEP 13 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE V

This Limited Liability Company shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

The initial address of the principal office of the Limited Liability Company shall be:

One Park Place
621 N.W. 53rd Street
Boca Raton, Florida 33487

ARTICLE VII

The number of Members of this Limited Liability Company shall be at least one (1) and no more than five (5).

ARTICLE VIII

The names and street addresses of the members of this Limited Liability Company are as follows:

ROSALIE SANTELLI

Member (100 Units)

One Park Place
621 N.W. 53rd Street
Boca Raton, Florida 33487

ARTICLE IX

The names and street addresses of the persons signing these Articles for the Limited Liability Company is as follows:

One Park Place
621 N.W. 53rd Street
Boca Raton, Florida 33487

2010 SEP 13 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE X

The corporate existence of this Limited Liability Company shall begin on the date the Articles are filed of record.

IN WITNESS WHEREOF, the undersigned, **HOWARD J. MILCHMAN, ESQ.**, being a natural person, competent to contract, have hereunto set his hand and seal the day of August, 2010.


HOWARD J. MILCHMAN, ESQ.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(SEAL)

2010 SEP 13 AM 10:40

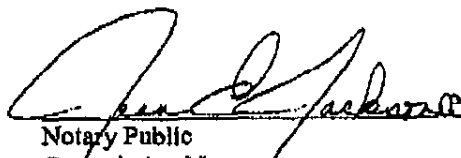
FILED

STATE OF FLORIDA)
COUNTY OF BROWARD)

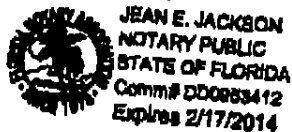
SS:

BEFORE ME, the undersigned authority personally appeared **HOWARD J. MILCHMAN, ESQ.**, to me well known and known to me to be the individual described herein and who executed the foregoing, and he acknowledged before me that he executed the same freely and voluntarily for the purpose therein expressed.

SWORN TO and SUBSCRIBED before me this 25 day of August, 2010, by **HOWARD J. MILCHMAN, ESQ.**, who ☒ is personally known to me (or) ☐ has produced _____ as identification. (SEAL)


Notary Public
Commission No. _____ (Print Name)

My Commission Expires:



H10000202862

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

FIRST: That PROPERTY LOSS RECOVERY COMPANY, LLC, desiring to organize under the Laws of the State of Florida with its principal offices as indicated in the Limited Liability Company, in City of Ft. Lauderdale, County of Broward, State of Florida, has named **HOWARD J. MILCHMAN, ESQ.**, of Law Office of Howard J. Milchman, Esq., P. A., located at 9600 W. Sample Road, Suite 306, Coral Springs, FL, 33065 as its agent to accept service of Process within this State.

SECRETARY OF STATE
ALL AMASSED FILES

2010 SEP 13 AM 10:48

FILED

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.


HOWARD J. MILCHMAN, ESQ.
As Registered Agent

H10000202862