

L100000101721

(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:

Office Use Only

B. KOHR

SEP 30 2010

EXAMINER



400185777144

09/29/10--01003--008 **155.00

RECEIVED

10 SEP 29 AM 9:46

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

210000023141

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 SEP 29 PM 1:45

B. KOHR

SEP 30 2010

EXAMINER

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
10 SEP 29 PM 1:45

CONTACT: Kim Weidenbach

DATE: 09/29/10

REF. #: 001714.132808

CORP. NAME: SECURED DEBT INVESTMENTS NEW ORLEANS, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 536741 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
SECURED DEBT INVESTMENTS NEW ORLEANS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 29 PM 1:45

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company shall be: **SECURED DEBT INVESTMENTS NEW ORLEANS, LLC.**

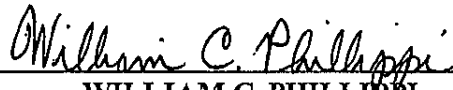
ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be Suite 602, 200 S. Andrews Avenue, Fort Lauderdale, Florida 33301, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

ARTICLE III

The initial registered office of this limited liability company is Suite 602, 200 S. Andrews Avenue, Fort Lauderdale, Florida 33301. The initial registered agent at that address is A C Double P Corporate Services, Inc., a Florida corporation.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 29th day of September, 2010.



WILLIAM C. PHILLIPPI

Authorized Representative

**ACCEPTANCE OF APPOINTMENT
OF
REGISTERED AGENT**

Having been named as registered agent and to accept service of process for **SECURED DEBT INVESTMENTS NEW ORLEANS, LLC**, a Florida limited liability company, at the place designated in the foregoing Articles of Organization, the below-named entity hereby accepts the appointment as registered agent and agrees to act in this capacity. It further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and its principals are familiar with and accept the obligations of its position as registered agent.

Date: September 29, 2010

**A C DOUBLE P CORPORATE SERVICES,
INC.**, a Florida corporation

By: William C. Phillippi
William C. Phillippi, President