

L100000117035

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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10 NOV -9 AM 10:34

B. KOHR  
NOV 12 2010  
EXAMINER

**JOHN C. TRENTELMAN**

**ATTORNEY AT LAW**

207 NORTH MAGNOLIA AVENUE  
P.O. BOX 5863  
OCALA, FLORIDA  
34475

REAL ESTATE  
PROBATE  
GENERAL PRACTICE

TELEPHONE 352 77  
FAX 73

November 8, 2010

Corporate Records Bureau  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee Florida 32314

Re: ASSET DISPOSITION SPECIALISTS, LLC.

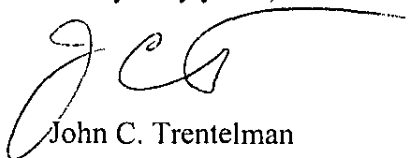
Gentlemen:

Enclosed please find original and one copy of Articles of Organization of the captioned limited liability corporation which I ask that you approve and file.

Also enclosed is a check to your order in the sum of \$155.00 representing statutory filing fee, costs of certifying one copy of the Articles, the filing tax, and certificate of resident agent.

Would you kindly certify the enclosed copy and return it to me.

Very truly yours,



John C. Trentelman

JCT/vmc  
enclosure

FILED STATE  
SECRETARY OF CORPORATIONS  
10 NOV 10 AM 10:34

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**ASSET DISPOSITION SPECIALISTS, LLC**

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

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## ARTICLE II - Address:

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

### Principal Office Address:

18916 SE 162nd St.

Weirsdale, FL 32195

### Mailing Address:

P.O. Box 37

Weirsdale, FL 32195-0037

## 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:

Johnny Walker

Name

18916 SE 162nd St.

Florida street address (P.O. Box **NOT** acceptable)

Weirsdale

FL 32195

City, 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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Johnny Walker

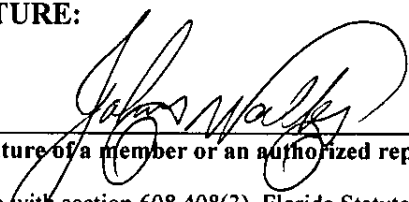
P.O Box 37

Weirsdale, FL 32195-0037

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Johnny Walker

\_\_\_\_\_  
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)**