

L100000122106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

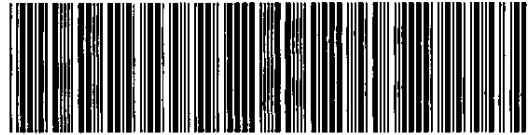
Special Instructions to Filing Officer:

L. SELLERS

NOV 24 2010

EXAMINER

Office Use Only



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11/23/10--01028--016 **160.00

FILED
10 NOV 23 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H. MAX FRICKER

VIA FEDERAL EXPRESS
TRACKING NO: 8668-3378-8750

November 22, 2010

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: *ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
FOR: CONSULTANT SPECIALTY ASSETS LLC*

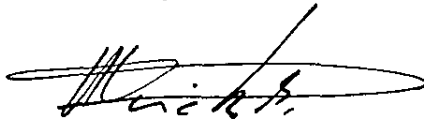
To Whom It May Concern:

Enclosed please find fully executed *ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY* for the above referenced company, including check no. 1329 in the amount of \$160.00 for Filing Fee, Certificate of Status & Certified Copy. We kindly ask for processing of this request.

For your convenience and return mail enclosed please find pre-addressed FedEx US Airbill: 8668-3378-8750.

Thank you for your kind assistance in this matter, should you have any questions or need additional information please do not hesitate to contact the undersigned.

Sincerely,



H. Max Fricker

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONSULTANT SPECIALTY ASSETS LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

H. MAX FRICKER

Name of Person

Firm/Company

2401 PGA Boulevard, Suite 148

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

max@frickerland.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

H. Max Fricker

Name of Person

at (561) 833-3800

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CONSULTANT SPECIALTY ASSETS LLC

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

ARTICLE II - Address:

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

Principal Office Address:

2401 PGA Boulevard, Suite 148
Palm Beach Gardens, FL 33410

Mailing Address:

2401 PGA Boulevard, Suite 148
Palm Beach Gardens, FL 33410

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:

BANKERS MUTUAL HOLDINGS, INC.

Name

2401 PGA Boulevard, Suite 148

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

Palm Beach Gardens FL 33410

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..

x by: [Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

H. Max Fricker

2401 PGA Boulevard, Suite 148

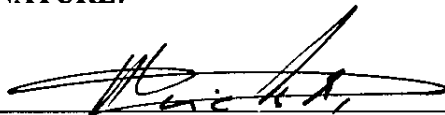
Palm Beach Gardens, FL 33410

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2011. (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.)

H. MAX FRICKER

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)