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(Re	questor's Name)	•		
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
110A-	29795)		

Office Use Only



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COVER LETTER

Registration Section Division of Corporat	tions	•	
	Managament D)	
SUBJECT: Expense Management Pros LLC Name of Limited Liability Company			
	. value of Billion	Statemy Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence	ce concerning this matter t	to the following:	
Cary Stepher	ns		
		me of Person	
Expense Mar	nagement Pros		
	Fi	rm/Company	
5722 Highland	d Lake Drive		
Address			
Milton, FL 3258	3		
	City/St	tate and Zip Code	· · · · · · · · · · · · · · · · · · ·
cary@oldseville.		uture annual report notification)	
	·	•	
For further information concern	ning this matter, piease ca	ui:	
Cary Stephens	ai	516-8645	
Name of Perso	on	Area Code & Daytime Telep	phone Number
Enclosed is a check for the f	following amount:		
\$125.00 Filing Fee \$\sum \\$130 \\ \text{Cer}		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Divi P.O.	iling Address istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Expense Management Pros Li	LC.
(Must end with the words "Limited Liabil	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5722 Highland Lake Drive Milton, FL 32583	5722 Highland Lake Drive Milton, FL 32583
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r Cary Stephens	registered agent are:
Name	23
5722 Highland La	sko Drivo
	Iress (P.O. Box NOT acceptable)
Milton, FL 32583	FL & A
City, Sta	ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Cary Stephens 5722 Highland Lake Drive Milton, FL 32583 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 1/1/2011 ___. (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.) Cary Stephens 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)

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

\$ 5.00 Certificate of Status (Optional)