

L110000003824

(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

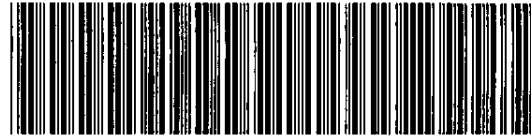
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/10/11--01010--025 **130.00

EFFECTIVE DATE

1/4/2011

11 JAN 10 AM 9:14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

JAN 12 2011

EXAMINER

COVER LETTER

EFFECTIVE DATE

1/4/2014

**TO: Registration Section
Division of Corporations**

SUBJECT: PROSPECT POINT FINANCIAL PARTNERS LLC

Name of Limited Liability Company

TAX ID # 27 4441696

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

Please return all correspondence concerning this matter to the following:

EDWARD DZIADUL

Name of Person

PROSPECT POINT FINANCIAL PARTNERS LLC

Firm/Company

39 HOFFSTOT LANE

Address

SANDS POINT, NY 11050

City/State and Zip Code

ejdrealcom@aol.com

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

For further information concerning this matter, please call:

Edward Dziadul

Name of Person

at (**516**) **708-1673**

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

FILED STATE
SECRETARY OF CORPORATIONS
11 JAN 10 AM 9:16
DIVISION OF CORPORATIONS

EFFECTIVE DATE

1/4/2011

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROSPECT POINT FINANCIAL PARTNERS LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 10 AM 9:14

ARTICLE II - Address:

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

Principal Office Address:

926 Villa Florenza Drive
Naples, FL 34119

Mailing Address:

39 Hoffstot Lane
Sands Point, NY 11050

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:

Joseph G. Kiely

Name

926 Villa Florenza Drive

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

Naples

FL 34119

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

Joseph G. Kiely

926 Villa Florenza Drive

Naples, FL 34119

MGRM

Edward J. Dziadul

39 Hoffstot Lane

Sands Point, NY 11050

MGRM

Kevin R. O'Malley

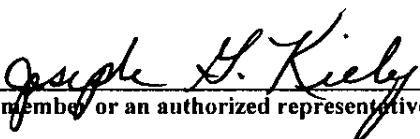
19761 Chelsea Way

Bloomington, IL 61704

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 4, 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.)

Joseph G. Kiely

Typed or printed name of signer

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)