

#L11000005372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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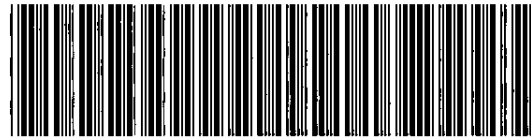
(Business Entity Name)

(Document Number)

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11 JAN 10 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. BALLY  
EXAMINER  
JAN 13 2011



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2010

FRANK DIGIACOMO  
529 SE PALM BEACH RD.  
SUITE 101  
STUART, FL 34994

SUBJECT: F.D. LIEN ACCEPTANCE CORPORATION, L.L.C.  
Ref. Number: W10000058748

We have received your document for F.D. LIEN ACCEPTANCE CORPORATION, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 410A00029486

**Law Office  
Of  
Frank DiGiacomo**  
Personal Injury Attorney

- Personal Injury
- Wrongful Death
- Workers' Compensation

529 SE Palm Beach Road  
Suite 101  
Stuart, Florida 34994

Bus. (772) 287-0609  
Fax (772) 287-6254  
[www.stuartinjuryattorney.com](http://www.stuartinjuryattorney.com)

December 29, 2010

Karen A. Saly,  
Regulatory Specialist II  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

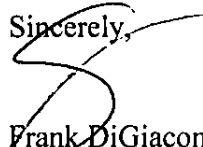
RE: F.D. Lien Acceptance, L.L.C.  
Ref. Number: W10000058748

Dear Ms. Saly:

As requested, enclosed please find an amended Articles of Organization for Florida Limited Liability Company for F.D. Lien Acceptance, L.L.C. where the word "Corporation" has been deleted.

Of course if you have any questions, or should you require additional information, please do not hesitate to contact me. Thank you for your attention to this matter.

Sincerely,



Frank DiGiacomo  
Attorney

FD/nm

Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: F.O. Lien Acceptance Corporation, L.L.C.  
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:

Frank DiGiacomo

Name of Person

Firm/Company

529 SE Palm Beach Rd Suite 101

Address

Stuart, Florida 34994

City/State and Zip Code

lawFrankDOCS.com

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

For further information concerning this matter, please call:

Frank DiGiacomo at (772) 287-0609

Name of Person

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

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

F.L.L.C.  
11 JAN 10 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I-Name:**

The name of the Limited Liability Company is:

**F.D. Lien Acceptance, L.L.C.**

**ARTICLE II-Address:**

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

**Principal Office Address:**

529 SE Palm Beach Road  
Stuart, FL 34994

**Mailing Address:**

529 SE Palm Beach Road, 34994  
Stuart, FL 34994

**ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:**

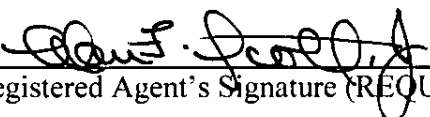
The name and the Florida street address of the registered agent are:

Alan F. Scott, Jr., Esq.  
Name

2440 SE Federal Highway, Suite A  
Florida street address

Stuart, FL 34994  
City, State and Zip

Having been named as registered agent 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)

**Article IV-Manager or managing Member(s):**

**Title:**

MGRM

**Name and Address:**

Frank DiGiacomo, Esq.  
1034 SW Lighthouse Drive  
Palm City, FL 34990

**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.