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K. SALY EXAMINER MAR 3 2011

COVER LETTER

TO:	Registration of	on Section Corporations		
© SURTE	ு. Flor	ida Fidelity Pawn		
SCINE			ed Liability Company	
The encl	osed Article	es of Organization and fee(s) are	submitted for filing.	
Please re	eturn ali corr	respondence concerning this mat	ter to the following:	
ľ	Michae	I L. Haffner		
_			Name of Person	**************************************
<u> </u>	Florida	Fidelity Pawn		
			Firm/Company	
	8308 S	unnydale Drive		
			Address	
Ħ	ludson,	Florida, 34667		
	"~~~		y/State and Zip Code	
<u>h</u>	aff00@y	/ahoo.com E-mail address: (to be used t	for future annual report notification)	
For furth	er informati	on concerning this matter, please	•	
Micha	el L. Hat	fner	at (727) 244-4233	
	Na	me of Person	Area Code & Daytime Telep	phone Number
Enclose	d is a checl	c for the following amount:		
\$125.00 I	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 C	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	v is:
Florida Fidelity Pawn, LLC	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8308 Sunnydale Drive	14030 Fore Court Hudson, FL 34667
Hudson, FL 34667	Audson, FL 34007
the Limited Liability Company cannot serve as its own in business entity with an active Florida registration.) The name and the Florida street address of t Michael L. Haffner	Registered Agent. You must designate an individual or another the registered agent are:
	ame ASS 7
- "	ame ASS 2 2 5 4 5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Florida stree	
Hudson	t address (P.O. Box NOT acceptable)
City	y, State, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

LE V: Effective date, if other than the date of filing: March 15, 2011 (OPTI fective date is listed, the date must be specific and cannot be more than five busines days after the date of filing.)	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: March 15, 2011 (OPT) (Sective date is listed, the date must be specific and cannot be more than five busines days after the date of filing.) REOUIRED SIGNATURE: (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 truly an 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.) Michael L. Haffiner Typed or printed name of signee Filling Fees:	MGRM	Michael I Haffner
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