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ALLEANASSER F. MAIS

J. SAULSBERRY EXAMINER JUN 9 2011

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The fingo. COM 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:
Seth Gold
Name of Person
The fingo. com Firm/Company
12728 NW 13th Mancr
Audies
Coral Springs Florida 3307/ City/State and Zip Code Admin at the fing of Communication Street Street E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future aliman report notification)
For further information concerning this matter, please call:
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Seth Gold at (154 & 71-955 55 55 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12728 NW 13th Manor Coral Springs, Fl 33071	same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results	egistered agent are:
12728 NW	13th Manor 13th
	ress (P.O. Box <u>NOT</u> acceptable)
COPAI Springs City, Sta	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and the tered agent as provided for in Chapter 608. F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Seth Gold
	12728 NW 13th Manor
MGRM	Loral Springs, Fl 3307/
10111	4886 Tallowwood Lane
MCAM	Boca Raton, F1 3348)
10/1/	Justin Fonczek
	farkland, Fl 33076
MERM	Zach Aberman:
	8705 VIA GIULA ASTI Baca Raton Fl 33406
(Lice attachment if necessary)	
(Use attachment if necessary)	
TICLE V: Effective date, if other tha	
TICLE V: Effective date, if other tha	ust be specific and cannot be more than five busines days prior
TICLE V: Effective date, if other that an effective date is listed, the date mor 90 days after the date of filing.)	
TICLE V: Effective date, if other tha an effective date is listed, the date m	ust be specific and cannot be more than five business days prior
TICLE V: Effective date, if other that an effective date is listed, the date mor 90 days after the date of filing.)	ust be specific and cannot be more than five business days prior
TICLE V: Effective date, if other that an effective date is listed, the date mor 90 days after the date of filing.)	ust be specific and cannot be more than five business days prior
TICLE V: Effective date, if other that an effective date is listed, the date mor 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a more constitutes an affirmation 1 am aware that any false	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document authorized representative of a member or an authorized representative of this document authorized representative of the Department of State
TICLE V: Effective date, if other that an effective date is listed, the date mor 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a more constitutes an affirmation 1 am aware that any false	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document author the penalties of perjury that the facts stated herein are true.

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)