

L110000068228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

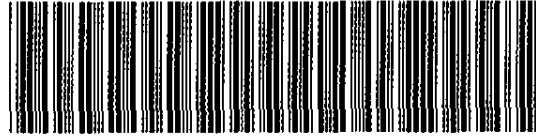
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JUN 10 2011

EXAMINER



900207818539

06/10/11--01016--027 **155.00

RECEIVED
11 JUN 10 PM 2:01
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 JUN 10 PM 2:56
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILED STATE
SECRETARY OF CORPORATIONS
11 JUN 10 PM 2:56

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 06/10/11

REF. #: 001714.149486

CORP. NAME: SECURED DEPT INVESTMENTS CINCINNATI, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 540189 **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ARTICLES OF ORGANIZATION
OF
SECURED DEBT INVESTMENTS CINCINNATI, LLC

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company shall be: **SECURED DEBT INVESTMENTS CINCINNATI, LLC.**

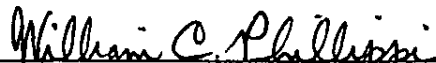
ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be Suite 900, 200 S. Andrews Avenue, Fort Lauderdale, Florida 33301, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

ARTICLE III

The initial registered office of this limited liability company is Suite 900, 200 S. Andrews Avenue, Fort Lauderdale, Florida 33301. The initial registered agent at that address is A C Double P Corporate Services, Inc., a Florida corporation.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 10th day of June, 2011.



WILLIAM C. PHILLIPPI

Authorized Representative

**ACCEPTANCE OF APPOINTMENT
OF
REGISTERED AGENT**

Having been named as registered agent and to accept service of process for **SECURED DEBT INVESTMENTS CINCINNATI, LLC**, a Florida limited liability company, at the place designated in the foregoing Articles of Organization, the below-named entity hereby accepts the appointment as registered agent and agrees to act in this capacity. It further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and its principals are familiar with and accept the obligations of its position as registered agent.

Date: June 10, 2011

**A C DOUBLE P CORPORATE SERVICES,
INC., a Florida corporation**

By: William C. Phillippi
William C. Phillippi, President