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FLORIDA LIMITED LIABILITY CO.
Fee Recovery Advocates LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

H11000157189 3

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

In compliance with Chapter 608 and/or 621, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

FEE RECOVERY ADVOCATES LLC

ARTICLE II ADDRESS

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

233 NE 12TH ST

DELRAY BEACH, FLORIDA 33445

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE
REGISTERED AGENT SIGNATURE**

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

AUSTIN GRAY

425 NE 7TH AVE

DELRAY BEACH, FLORIDA 33483

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.

X 

AUSTIN GRAY / Registered Agent's signature

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H11000157189 3

H11000157189 3

PAGE 2

FEE RECOVERY ADVOCATES LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

AUSTIN GRAY

425 NE 7TH AVE

DELRAY BEACH, FLORIDA 33483

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X Austin Gray

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.

AUSTIN GRAY

H11000157189 3