11000010354

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/2/p/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
JUN 1 6 2011
-
EXAMINER

Office Use Only



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SEGRETARY OF STATE
TABLE ANASSEE, FLORID.

COVER LETTER

Division of Corpo			
SUBJECT:	INVESTORS RESO	URCE NETWORK, L	LC.
	Name of Emilied E	naomiy Company	
The enclosed Articles of Or	ganization and fee(s) are subr	mitted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
JEFFREY	BRODY Na	no of Porcon	
•	\ Nar	ne of Person	
investors	RESOURCE NETWO	n/Company	
2708 NW	TO TH TERRACE	Address	
		Address	
GAINBSVILL	E, FLORIDA 326	ate and Zip Code ture annual report notification)	
6. 4.00	City/Sta	ate and Zip Code	
<u>nowite</u>	anail address: (to be used for fu	ture annual report notification)	
	cerning this matter, please cal		
ED PRODESKU	-4	, 220 TIE-3516	
Name of Pe	erson	(330) 715 · 3516 Area Code & Daytime Teleph	none Number
Enclosed is a check for th	e following amount:		
\$125.00 Filing Fee \$\int\\$	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)
R D P	Mailing Address Legistration Section Division of Corporations LO. Box 6327 Callahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cit Tallahassee, FL 32301	11 JUN I SECRETA TABLAHAS

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 Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2708 NW 90 TH TERRACE GAINESVILLE FL 32606	2708 NW 90 TH TERRACE GAINESVILLE, FL 32606			
	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:			
JELGE	Name			
2708 NW 90 TH Florida s	TERRACE. street address (P.O. Box NOT acceptable)			
GAINES VILLE, F	FL 32606 City, State, and Zip			
liability company at the place designa	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all			

(CONTINUED)

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..

Page 1 of 2

Registered Ag

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	EDWARD PRODESKY 3915 SW 2NO AVE
	GAINESVILLE FL. 32607
MGRM	JEFFREY PSRODY 2708 NW 90 TH TERRACE
	GAINESVILLE, EL 32606
•	
the second secon	
	addressed that the transfer of
(Use attachment if necessary)	
LE V: Effective date, if other than the c	date of filing: (OPTIC
fective date is listed, the date must be days after the date of filing.)	specific and cannot be more than five business

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.)

JEFFREY BRODY
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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