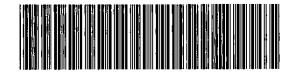
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DIVISION OF CORPORATIONS

11 JUN 27 AM 10: 46

T. HAMPTON

JUN 2 R 2011

EXAMINER

COVER LETTER

· TO:

то:	Registration Security Division of Corp			
SUBJE	_{ECT:} Specia	Ity Refund Proc	essing	
			ted Liability Company	
The en	closed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all correspon	ndence concerning this mat	ter to the following:	
	Brandon [). Harris		
			Name of Person	
	Specialty I	Refund Process	ing LLC	
			Firm/Company	
	1142 E Ba	ars St.		
,			Address	
į	Pensacola, l			
			y/State and Zip Code	
-	HarrisSpecia	ItyRefundProcessir E-mail address: (to be used	ng@yahoo.com for future annual report notification)	
For fur	ther information co	encerning this matter, pleas	e cali:	
Bran	don D. Harris	,	at (850) 725-8599	1
	Name of	Person	Area Code & Daytime Tel	ephone Number
Enclos	ed is a check for	the following amount:		
\$125.00	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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Specialty Refund Processing I	LC.
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1142 E Baars St	1142 E Baars St
Pensacola, Fl, 32503	Pensacola, Fl, 32503
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another
Brandon D. Harris Name	
1142 E Baars St.	
Florida street add	iress (P.O. Box NOT acceptable)
Pensacola,	_{FL} , 32503
City, Str	ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe accept the obligations of my position as regi	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signat	ture (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPERATIONS

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

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

MGRM	Brandon D. Harris 1142 E Baars St Pensacola, FI, 32503
MGRM	Britney Wisilosky
	1142 E Baars St. Pensacola, Fl, 32503
	
•	
Use attachment if necessary)	
	the date of filing: (OPTION to be specific and cannot be more than five business date

(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.)

Signature of a member or an authorized representative of a member.

Brandon D. Harris

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)