## LIDOOBSU

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  L. SELLERS
JUL 2.2 2011
EXAMINER

Office Use Only



800209360298

06/27/11--01009--020 \*\*130.00



## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	T 9 M FINE Name of Limit	ed Liability Company	uc ecel
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
Ian	Wedder	Name of Person	
工	A Finau	relats ine	•
Po	BOXILLY		
		Address	
Boyn	Ton Beach	7 33425	
Sheri	Anz7 e Yah c	7/ 33425  y/State and Zip Code  ob. Loss  for future annual report notification)	
For further information	n concerning this matter, please		
To rurner anormation	-		
In A	e of Person	Nat ( <u>33425</u> ) <u>954</u> 3 Area Code & Daytime Telep	851 6345 hone Number
Enclosed 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)
<b>va</b>	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 28, 2011

IAN A. WEDDENBURN P.O. BOX 144 BOYNTON BEACH, FL 33425

SUBJECT: I & N FINANCIALS INC LLC.

Ref. Number: W11000034703

We have received your document for I & N FINANCIALS INC LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 811A00015602

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
The Authorited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab	ility Co	ompan	ıy is:
Principal Office Address:  Mailing Address:			
BOYNTON BEACH FI. 7500 Landers	ale	,	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:			
7877NW 15 Ct Fort Lauderd Florida street address (P.O. Box NOT acceptable)	de	F]. <del>?</del>	333/
Ft inadocate FL 333/1 City, State, and Zip			
Having been named as registered agent and to accept service of process for the ab liability company at the place designated in this certificate, I hereby accept the a registered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am for accept the obligations of my position as registered agent as provided for in Cha	appoint e provi amiliar	ment d isions ( with d	as of all and
TAN Weddenberg Registered Agent's Signature (REQUIRED)	SESTE TAR	M JUN 27	
(CONTINUED)	FE PEO	PH 3:	m O
Page 1 of 2		0	

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 06. (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** (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 provide for in s.817.155, F.S.)

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)