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EXAMINER



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COVER LETTER

Division of Corporations	&
SUBJECT: Credit Surveillance &	Consulting, LLC
	ited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
John D. Algood	
<u> </u>	Name of Person
	Firm/Company
1717 Seventeenth Lane	
	Address
Palm Beach Gardens, FL 33	418
	ity/State and Zip Code
jalgood310@aol.com	for future annual report notification)
For further information concerning this matter, plea	
Scott J. Leitten	at (561) 747-0110
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Credit Surveillance & Consulting, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1717 Seventeenth Lane

Palm Beach Gardens, FL 33418

1717 Seventeenth Lane Palm Beach Gardens, FL 33418

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

John D. Algood

Name

1717 Seventeenth Lane

Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens 533418

City, State, and Zip

Having been named as registered agent and 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..

ogistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	John D. Algood
	1717 Seventeenth Lane
	Palm Beach Gardens, FL 33418
	
	
(Use attachment if necessary)	
	the date of filing: (OPTIONA
effective date is listed, the date must 00 days after the date of filing.)	t be specific and cannot be more than five business day
effective date is listed, the date must	t be specific and cannot be more than five business day
effective date is listed, the date must 0 days after the date of filing.)	t be specific and cannot be more than five business day
effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than five business day
offective date is listed, the date must of days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with section of constitutes an affirmation under a may a may be a may	

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)