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SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

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SEP - 8 2011

EXAMINER

COVER LETTER

TO:

Registration Section

EFFECTIVE DATE 9 1 2011

Division of Corporations Colonial Judgment Recovery Services, L.L.C. Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Andrea E. Cerbone Name of Person Colonial Judgment Recovery Services, L.L.C. 325 Clematis Street, Suite 170 Address West Palm Beach, FL 33401 City/State and Zip Code ColonialJRS@Gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Andrea E. Cerbone at (561 429-8650 Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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

EFFECTIVE DATE 9/1/201/

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Colonial Judgment Recovery Services, L.L.C.

(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:
325 Clematis Street	325 Clematis Street
Suite 170	Suite 170
West Palm Beach, FL 33401	West Palm Beach, FL 33401
<u> </u>	

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:

Andrea E. Cerbone

Name

3521 Village Blvd. # 206

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

West Palm Beach

FL 33409

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..

Registered 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:

MRGM	Andrea E. Cerbone 3521 Village Blvd. #206 West Palm Beach, FL 33401
MRGM	Leo E. Cerbone
<u></u>	1630 N. Palmway
	Lake Worth, FL 33460
Use attachment if necessary)	
	the date of filing: 09/01/2011 . (OPTIC

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.)

Andrea E. Cerbone

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)