

L11000120038

(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:

Office Use Only

B. KOHR

OCT 21 2011

EXAMINER



700213095167

10/20/11--01003--012 **155.00

RECEIVED

11 OCT 20 AM 11:44

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 20 PM 2:01

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 OCT 20 PM 2:01

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 10/20/11

REF. #: 000150.155894

CORP. NAME: SOUTH FLORIDA RECOVERY MANAGEMENT LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 541932 **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 20 PM 2:01

**ARTICLES OF ORGANIZATION
OF
SOUTH FLORIDA RECOVERY MANAGEMENT LLC**

ARTICLE I - Name

The name of the limited liability company is South Florida Recovery Management LLC (the "Company").

ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 6386 SW 9th Street, Miami, FL 33144.

ARTICLE III- Management

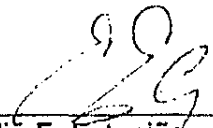
The Company shall be managed by its members, as set forth in the company's Operating Agreement and is therefore a member-managed Company. The initial member-managers are Elio F. Estopiñan, Michael Fox, Brian Griffith, Travis Griffith and James Leto.

ARTICLE IV - Registered Agent and Office

The street address of the Company's initial registered agent and office is 6386 SW 9th Street, Miami, FL 33144, and the name of its initial registered agent at such office is Elio F. Estopiñan.

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.

Dated this 20 day of October, 2011.



Elio F. Estopiñan
Authorized Representative

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for **South Florida Recovery Management LLC**, at the place designated in these Articles of Organization, hereby accepts the appointment as registered agent and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608.

Dated this 20 day of October, 2011.

By: _____

Elfo F. Estopinan