

L11000128292

(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:

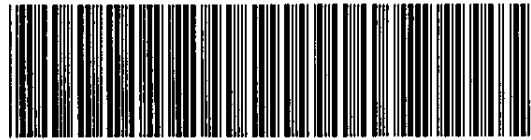
W11-54603

A. LUNT

NOV 10 2011

EXAMINER

Office Use Only



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10/24/11--01014--012 **160.00

2011 NOV -9 PM 3:56
SECRETARY OF STATE
TALLAHASSEE-FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2011

DAVE T. LABORDE
P.O. BOX 342304
TAMPA, FL 33694

SUBJECT: INVESTMENT RECOVERY SERVICES LLC
Ref. Number: W11000054603

2011 NOV -9 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for INVESTMENT RECOVERY SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 211A00024352

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Investment Recovery Services LLC
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:

Dave T LaBorde

Name of Person

Investment Recovery Services LLC

Firm/Company

PO Box 342304

Address

Tampa, FL 33694

City/State and Zip Code

irsllcdavelaborde@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dave LaBorde

Name of Person

at (813) 482-4458

Area Code & Daytime Telephone 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)

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

2011 NOV + 9 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Investment Recovery Services 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:

16219 September Drive
Lutz FL 33549

Mailing Address:

PO Box 342304
Tampa FL 33694

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:

Dave LaBorde

Name

4324 Auston Way

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

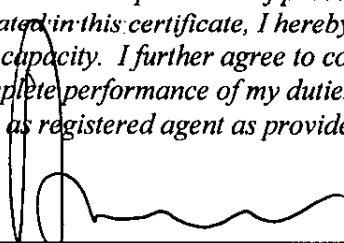
Palm Harbor

FL 34685

City, State, and Zip

2011 NOV - 9 PM 3:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Alan Gavel

16219 September Drive

Lutz FL 33549

MGRM

Dave LaBorde

4324 Auston Way

Palm Harbor FL 34685

MGRM

Joe Jelks

16219 September Drive

Lutz FL 33549

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 NOV -9 PM 3:00

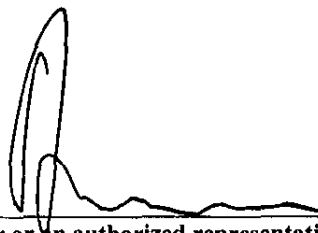
FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/20/2011. (OPTIONAL)

(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:



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.)

Dave LaBorde

Typed or printed name of signer

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)