

L11000140430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

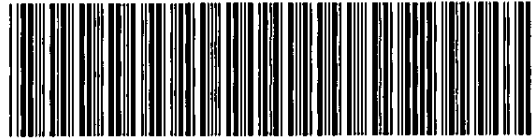
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DEC 14 2011

**EXAMINER**



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12/14/11--01023--001 \*\*155.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 DEC 14 AM 11:19  
NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 14 PM 3:03

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

**FILING COVER SHEET**  
**ACCT. #FCA-14**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 14 PM 3:03

**CONTACT:** RICKY SOTO

**DATE:** 12/14/2011

**REF. #:** 001714.158781

**CORP. NAME:** SECURED DEBT INVESTMENTS NOTE #19, 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#** 542605 **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

**ARTICLES OF ORGANIZATION  
OF  
SECURED DEBT INVESTMENTS NOTE #19, LLC**

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
11 DEC 14 PM 3:03

**ARTICLE I**

The name of this limited liability company shall be: **SECURED DEBT INVESTMENTS  
NOTE #19, LLC.**

**ARTICLE II**

The mailing address and street address of the principal office of the limited liability company shall be Suite 900, 200 S. Andrews Avenue, Fort Lauderdale, Florida 33301, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

**ARTICLE III**

The initial registered office of this limited liability company is Suite 900, 200 S. Andrews Avenue, Fort Lauderdale, Florida 33301. The initial registered agent at that address is A C Double P Corporate Services, Inc., a Florida corporation.

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization this 13th day of December, 2011.



**WILLIAM C. PHILLIP**  
Authorized Representative

**ACCEPTANCE OF APPOINTMENT  
OF  
~~REGISTERED AGENT~~**

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Having been named as registered agent and to accept service of process for **SECURED DEBT INVESTMENTS NOTE #19, LLC**, a Florida limited liability company, at the place designated in the foregoing Articles of Organization, the below-named entity hereby accepts the appointment as registered agent and agrees to act in this capacity. It further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and its principals are familiar with and accept the obligations of its position as registered agent.

Date: December 13, 2011

**A C DOUBLE P CORPORATE SERVICES,  
INC.**, a Florida corporation

By:

  
William C. Phillippi, President