L12000031826

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(00	ocument Number)	
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12 MAR -5 PM 1: 16

SECRETARY OF STATE
FALLAHASSEE

C. LEWIS

MAR - 6-2012

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

. មានរាស្វិតនៅស្រាក់ពីដែលសំខាន់

TO:

r.	SUBJECT: EARL'	Y CASE RESOLUTION			
		Name of Limit	ted Liability C	ompany	
	The enclosed Articles	s of Organization and fee(s) are	submitted for	filing.	
	Please return all corre	espondence concerning this mat	ter to the follo	wing:	
	Stan Strick	land	Name of Perso	an .	
			Name of Verse	ni.	
	ECR Medi	ation			
			Firm/Compan	у	
	981 E Lak	e Sue Avenue			
			Address		
	Winter Park	i, FL 32789			
			ty/State and Zip	Code	
	stan@ecrn	nediation.com			
	01411-0-00111	E-mail address: (to be used	for future annua	l report notification	n)
	For further information	on concerning this matter, pleas	e call:		
	Stan Strickland		_{at (} 321) 663-148	36
	Nar	ne of Person	Area	Code & Daytime T	Telephone Number
		The Strain	100		. •
	Enclosed is a check	for the following amount:			
V	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & I Copy I copy is enclosed)	Certificate of Status & Certified Copy
					(additional copy is enclosed)
	, f		Stro	et/Courier Addr	999
	in de la companya de	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regi Divi Cliff 266	istration Section is ion of Corporation Building Executive Center Bushessee, FL 3230	ions er Circle
	•				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Early Case Resolution, LLC	ted Liability Company, "L.L.C.," or "LLC.")
(Must end with the words Elim	ted Enability Company, E.E.C., or EEC.)
ARTICLE II - Address:	
The mailing address and street address o	f the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
Stan Strickland	981 E Lake Sue Avenue
	Winter Park, FL 32789
	· · · · · · · · · · · · · · · · ·
(The Limited Liability Company cannot serve as its or	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address Stan Strickland	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
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(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address Stan Strickland 981 E Lake Sue Ave Florida s Winter Park,	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address Stan Strickland 981 E Lake Sue Ave Florida s Winter Park,	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are: Name Pinue treet address (P.O. Box NOT acceptable) FL

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	ows: FILE 12 MAR -5 F SECRETARY OF TALLAHASSEE, I
MGR	Stan Strickland 981 E Lake Sue Avenue Winter Park, FL 32789	
		
(Use attachment if necessary)		
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	he date of filing: be specific and cannot be more tha	(OPTIONAL n five business days
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more tha	n five business days
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REOUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation und I am aware that any false infeconstitutes a third degree felo	be specific and cannot be more that the specific and cannot be more that the specific and cannot be more that the specific and cannot be more that some specific and cannot be more than 508.408(3), Florida Statutes, the execution of der the penalties of perjury that the facts state to the penalties of perjury that the facts state or mation submitted in a document to the Decomp as provided for in s.817.155, F.S.)	member. f this document ted herein are true.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REOUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation und I am aware that any false infeconstitutes a third degree felo	be specific and cannot be more that the specific and cannot be specifically and cannot be specific and cannot be specifically and cannot be specific and cannot be specific and cannot be specifically and cannot b	member. f this document ted herein are true.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)