## 42-000048589

(Reque	stor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	me)
(Docur	nent Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	
; ' 		

Office Use Only



900227483979

04/09/12--01029--003 \*\*155.00

2012 PPR -9 AN 9:54
SECRETARY OF STATE
TALLAHASSEE, FI DRING

T. CLINE

APR 10 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Florida Pawnbrokers Association 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:
Jasper L Angello Name of Person
Florida Paunbrokers Association Firm/Company
11115 Seminale Blvd. Address
Largo, fL 33778  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jasper L Angello at (727) 391-0129  Name of Person Area Code & Daytime Telephone Number PS
Name of Person  Area Code & Daytime Telephone Number  Area Code & Dayt
Mailing Address     Street/Courier Address       Registration Section     Registration Section       Division of Corporations     Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Florida Pawnbrokers Associa (Must end with the words "Limited Liability)	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
FPA 11115 Seminole Blud Largo, FL 33778	FPA 11115 Seminule Blud Largo, FL 33778
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re-	egistered agent are:
Jasper L A.	
6321 113 <sup>th</sup> S Florida street add	ress (P.O. Box NOT acceptable)
Seninole City, Sta	ress (P.O. Box NOT acceptable)  FL
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited in certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all afternance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	ire (REQUIRED)
(CONTINU	in a land
Page 1 of 2	

Title: "MGR" = Manager "MGRM" = Managing Mem	Name and Address: ber	
MGR	JASPEV L AN 6321 115th St Apt Seminde, FL 33	ge 40 1001 1772
(Use attachment if necessary	·)	
CLE V: Effective date, if other	r than the date of filing:e must be specific and cannot be more than f	(OPTIONAL) ive business days p
CLE V: Effective date, if other effective date is listed, the date of days after the date of filing.  REQUIRED SIGNATURE	r than the date of filing:  e must be specific and cannot be more than f )	ive business days p
CLE V: Effective date, if other effective date is listed, the date of days after the date of filing.  REQUIRED SIGNATURE  Signature of the constitutes an affirm I am aware that any	than the date of filing:  e must be specific and cannot be more than f  famember or an authorized representative of a me section 608.408(3), Florida Statutes, the execution of thation under the penalties of perjury that the facts stated false information submitted in a document to the Depart	mber.  iis document herein are true. tment of State
CLE V: Effective date, if other effective date is listed, the date of days after the date of filing.  REQUIRED SIGNATURE  Signature of the constitutes an affirm I am aware that any constitutes a third determined the constitutes at the the con	than the date of filing:  e must be specific and cannot be more than f  i.  famember or an authorized representative of a me section 608.408(3), Florida Statutes, the execution of thation under the penalties of perjury that the facts stated	mber.  is document herein are true.