

5/29/12

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H12000141220 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

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Account Name : HUBCO  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: shar3k@aol.com

FLORIDA LIMITED LIABILITY CO.  
Advantage Debt Services LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED  
12 MAY 29 PM 4:09  
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TALLAHASSEE, FLORIDA

J. BRYAN

MAY 30 2012

EXAMINER

H12000141220

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Advantage Debt Services LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5516 Rio Vista Drive

Clearwater, FL 33760

Mailing Address:

5516 Rio Vista Drive

Clearwater, FL 33760

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ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Sharon Sykes

Name

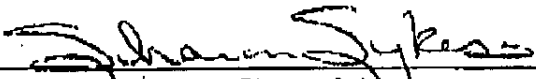
7717 115th Avenue E.

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Parish, FL 34219

(City / State / Zip)

*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 - Sharon Sykes

H12000141220

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

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

**Title:**

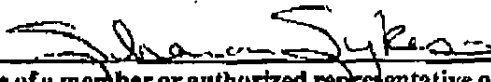
"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

<u>MGR</u>	<u>Sharon Sykes - 7717 115th Avenue E., Parrish, FL 34219</u>
<u>MGR</u>	<u>Robln Stark - 1400 Riverbluff Drive, Hastings, MN 55033</u>
<u>MGR</u>	<u>Gary Leffler - 29967 210th Street, Bonaparte, IA 52620</u>
<u>MGR</u>	<u>Kelly Seaman - 14942 N. 115th Avenue, Surprise, AZ 85379</u>
<u>MGR</u>	<u>Tracy Leffler - 2081 N. Pointe Alexis Drive, Tarpon Springs, FL 34689</u>

**REQUIRED SIGNATURE:**

  
Signature of a member or 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.)

Sharon Sykes  
Typed or printed name of signee

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