

FAX AUDIT NO.: H12000178607 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H12000178607 3)))



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To:

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

From:

Account Name : MICHAEL J. FREEMAN, P.A.
 Account Number : 072720000142
 Phone : (305) 442-1567
 Fax Number : (305) 442-1227

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
HIGH NOTE SPECIALTIES LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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Corporate Filing Menu

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To: 18506176383

JUL 13 2012

7/10/2012

JUL-12-2012 08:38 From: MICHAEL J. FREEMAN PA 3054427344

T. HAMPTON

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

HIGH NOTE SPECIALTIES LLC

ARTICLE II – Address:

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

Principal Office Address: 9121 SW 113 Place Circle West
Miami, FL 33176

Mailing Address: 9121 SW 113 Place Circle West
Miami, FL 33176

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

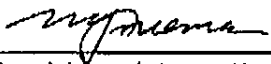
The name and the Florida street address of the registered agent are:

M.J. F. Registered Agent Corp.
Name

153 Sevilla Avenue
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134
City, State, and Zipcode

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
(Michael J. Freeman, President)

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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:

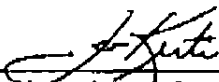
MGRM

Marsha Darrow
9121 SW 113 Place Circle West
Miami, FL 33176

MGRM

Louis Kerti
9121 SW 113 Place Circle West
Miami, FL 33176

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.)

Louis Kerti, Managing Member

Type or print name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent

\$30.00 Certified Copy (Optional)

\$5.00 Certificate of Status (Optional)

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