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(Re	questor's Name)	<u> </u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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EXAMINER

COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Fifty States Recovery LIC 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:
Earl Ball
Name of Person
Fifty States Recovery, LLC Firm/Company
1500 Beville Rd. Ste. 606-266 Address
Daytona Beach, FL. 32114 City/State and Zip Code
Fifty states Recevery 6 and com E-mail address: (to be used/for future annual report notification)
For further information concerning this matter, please call:
Earl Ball at (386) 256-8990 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee \$\mathrew{\mathrew{\mathre

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
F: ffy States Recovery, L (Must end with the words "Limited Liability Con	apany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	
Principal Office Address: Ma	iling Address:
1500 Beville Road Stc. 606-266 Daytowa Beach, Pl. 32114 ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its own Registered Agentity with an active Florida registration.)	
The name and the Florida street address of the register Earl Ball Name 1500 Beville Roa. Florida street address (1	Ste 606-26 FLED Ste 606-26 FLORIDA P.O. Box NOT acceptable) 32114 1Zip
Having been named as registered agent and to accept liability company at the place designated in this ce registered agent and agree to act in this capacity. It all statutes relating to the proper and complete per and accept the obligations of my position as register	rtificate, I hereby accept the appointment as further agree to comply with the provisions of formance of my duties, and I am familiar with

Registered Agent's Signature (REQUIRED)

(CONTINUED)

		" FILED
Title: "MGR" = Manager	Name and Address:	13 APR -8 AM II:
"MGRM" = Managing Member		SECRETARY OF STAT
MGR	Maria Ball	TALLAHASSEE, FLORI
	1500 Bevill Rd. Ste 60	06-266
	Daytona Beh. FL.	32/14
MGRM	Earl Ball	1
	1500 Beville Rd Ste	606-266 32114
	and the state of t	
	and the second s	
(Use attachment if necessary)		····
•	n the date of filing:	(OPTIONAL)
LE V: Effective date, if other than	n the date of filing:	
LE V: Effective date, if other than effective date is listed, the date r	must be specific and cannot be more th	
LE V: Effective date, if other than	must be specific and cannot be more th	
LE V: Effective date, if other than ffective date is listed, the date r or 90 days after the date of filing	must be specific and cannot be more th	
LE V: Effective date, if other than ffective date is listed, the date r or 90 days after the date of filing	must be specific and cannot be more th	
LE V: Effective date, if other than ffective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE:	must be specific and cannot be more th	nan five business day
LE V: Effective date, if other than ffective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE:	must be specific and cannot be more the g.) Solution to the control of the contr	nan five business day
LE V: Effective date, if other than ffective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation to the state of the	ember or an authorized representative of a men n 608.408(3), Florida Statutes, the execution of this under the penalties of perjury that the facts stated h	nan five business day nber. is document herein are true.
LE V: Effective date, if other than effective date is listed, the date is or 90 days after the date of filing effective. REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation to I am aware that any false in	must be specific and cannot be more the g.) Solution of the control of the contr	nan five business day nber. is document herein are true.

of Registered Agent \$ 30.00 Certified Copy (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

\$ 5.00 Certificate of Status (Optional)