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FILING CANCELLED RETURNED CHECK

OCT 2 9 2013 T. HARFTON

COVER LETTER

Division of Co			
SUBJECT:	COHLANDOR F	unds, LLC ed Liability Company	
	Name of Limit	ей Біабініу Сонірану	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this matt	er to the following:	
	THEODORE FAI	2NSWDRIH	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Person	
	HIGHLANDER F	Funds, LLC	
		Firm/Company	
	160 W. CAM	tno Real # 113	
	BOCA RATION,	FL 33432 y/State and Zip Code TH C_HOTMATL · COM For future annual report notification)	
	Ćit	y/State and Zip Code	
<u>-</u>	F-mail address: (to be used to	or future annual report polification)	
For further information	concerning this matter, please	call:	
TEC FAX	2NSWORTH	at (954) 614-002 Area Code & Daytime Telephone Nu	D
Name	of Person	Area Code & Daytime Telephone Nu	mber
Enclosed is a check f	or the following amount:		
,	_	(additional copy is enclosed) Certif	00 Filing Fee, icate of Status & ied Copy onal copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations 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:	FILING CA		
The name of the Elimied Elability Company is.	RETURNE	D CHEC	K
HIGHLANDER FUNDS	S, LLC.		_
(Must end with the words "Limited Liability (Company, "L.L.C.," or "LLC.	")	
ARTICLE'II - Address: The mailing address and street address of the princ	cipal office of the Limi	ted Liability (Company is:
Principal Office Address:	Mailing Address:		
160 W. CAMMO PEAL # 113 BOOA PONTOS, FL 33432			
BOOA RATOS, FL 33432			-
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)			
The name and the Florida street address of the regi	-		
Rod VANDEABILT			
Name			
160 W. CAMENO P	tal #113,		
	s (P.O. Box NOT acceptat	ole)	
Boca RATION F	33432		
City, State,	and Zip		
Having been named as registered agent and to acc liability company at the place designated in this registered agent and agree to act in this capacity. all statutes relating to the proper and complete p and accept the obligations of my position as regis	certificate, I hereby ac I further agree to con erformance of my dutie	ccept the appo nply with the p es, and I am fa	intment as provisions of amiliar with
Registered Agent's Signature	(REQUIRED)	2013 OCT 28 SECRETARY TALLAHASSI	ŦE
(CONTINUE Page 1 of 2	E D)	PM 1: 29 COF STATE EE. FLORIDA	LED

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	FILING CANCELLI RETURNED CHEC
N6R	THEODORE FARNSI 491 HI STATE HW CAROGA LAKE, N	WO Pith 14 10 NY 12032
		
(Use attachment if necessary)		(OPTVONAL)
(Use attachment if necessary) CLE V: Effective date, if other than to effective date is listed, the date me to or 90 days after the date of filing.	ust be specific and cannot be	
CLE V: Effective date, if other than the effective date is listed, the date mu	ust be specific and cannot be	
CLE V: Effective date, if other than to effective date is listed, the date me to or 90 days after the date of filing. REQUIRED SIGNATURE:	ust be specific and cannot be	more than five business days
CLE V: Effective date, if other than to effective date is listed, the date me to or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a men (In accordance with section of constitutes an aftirmation und I am aware that any false info	ust be specific and cannot be	e of a member. Ition of this document ets stated herein are true. the Department of State
CLE V: Effective date, if other than to effective date is listed, the date me to or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a men (In accordance with section of constitutes an aftirmation und I am aware that any false inforconstitutes a third degree felor	poser or an authorized representative 608.408(3), Florida Statutes, the executedr the penalties of perjury that the factormation submitted in a document to the	more than five business days of a member. tion of this document this stated herein are true. The Department of State
CLE V: Effective date, if other than to effective date is listed, the date me to or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a men (In accordance with section of constitutes an aftirmation und I am aware that any false inforconstitutes a third degree felor	with be specific and cannot be to 608.408(3), Florida Statutes, the executed of the penalties of perjury that the factormation submitted in a document to the ony as provided for in s.817.155, F.S.) Typed or printed name of signee	more than five business days e of a member. tion of this document tts stated herein are true. the Department of State