

11/04/2031

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

Effective Date 11/14

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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13 DEC 23 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
MASTER RECOVERY LLC**

Certificate of Status		1
Certified Copy		0
Page Count		03
Estimated Charge		\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 DEC 23 AM 7:48

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DEC 26 2013

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:

Master Recovery LLC

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:311 Oleander Dr.
Tavernier FL. 33070Mailing Address:SAME.

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Robert Madan

Name

311 Oleander Dr.Florida street address (P.O. Box NOT acceptable)Tavernier FL. FL 33070

City, State, and 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..

Robert Madan

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H13000281263

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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:

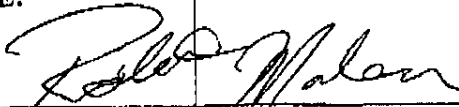
"MGR" = Manager

"MGRM" = Managing Member

MGRM**Name and Address:**Robert Madan
311 OLEANDER DR.
TAVERNIER FL 33070

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01-01-14 (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Robert Madan

Typed or printed name of signer

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