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ION SERVICE COMPANY.	
ACCOUNT NO. : 1200	00000195
REFERENCE : 9572	5156901
AUTHORIZATION:	recena-
COST LIMIT : \$ 12	5.00
ORDER DATE : January 17, 2014	
ORDER TIME : 3:55 PM	
ORDER NO. : 967271-005	N3
CUSTOMER NO: 5156901	
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DOMESTIC FILING	
NAME: FRESH START P&C	LLC 500 20 T
	LLC LORDA
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION	
CERTIFICATE OF LIMITED PAXX ARTICLES OF ORGANIZATION	RTNERSHIP
PLEASE RETURN THE FOLLOWING AS P	ROOF OF FILING:
CERTIFIED COPY	
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STAN	DING
CONTACT PERSON: Susie Knight -	EXT. 52956
EX	AMINER'S INITIALS:

## COVER LETTER

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	egistration Section vision of Corporations			
erin recer.	Fresh Start P&C LLC			
SUBJECT:	Name of Limited Liability Company			
The enclose	ed Articles of Organization and fee(s) are submitted for filing.			
Please return	n all correspondence concerning this matter to the following:			
	Patricia Holtermann			
•	Name of Person	-		
	Meister Seelig & Fein LLP			
	Firm/Company	-	2	
	140 East 45th Street, 19th Floor		2014 J	<del></del>
	Address	表記	JAN	il Heritage
	New York, New York 10017	005 005 005 005	5	Saltana Saltana
•	City/State and Zip Code ph@msf-law.com	- FO. S.	PH 2	**************************************
	E-mail address: (to be used for future annual report notification)	·黄荆	2: 3:	المسادية
For further i	information concerning this matter, please call:	->	w	
Patricia Ho	oltermann 212 655-3500			
	Name of Person Area Code Daytime Telephone Number			
Enclosed is	a check for the following amount: ling Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,			
<del>-</del>	Certificate of Status & Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclo			
	Mailing Address Street/Courier Address			

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 FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Li	ability Company is:			
Fresh Start P&C LLC (Must	end with the words "Lin	nited Liability Company, "L.L.C.," or	"LLC.")	
ARTICLE II - Address: The mailing address and str	eet address of the princip	pal office of the Limited Liability Corr	npany is:	
Principal Office Address:	<u>N</u>	Aailing Address:		
c/o Berdon LLP 360 Madison Avenue New York, NY 10017		Same		
ARTICLE III - Registered	pany cannot serve as its h an active Florida regist		ignate an individual or	
	ŭ	J		
	rporation Service Com	lame		Π
100		,	<i>∽</i>	
<del></del>	01 Hays Street orida street address (P.O.	. Box NOT acceptable)	ST O	·//14 ·
	illahassee	FL 32301	E E E	Ą
	City	Zip	2 ? ·	7
the place designoted in a capacity. I further agree in of my duties, and I am fa	this certificate, I hereby a to comply with the provis amiliar with and accept the orporation Service ( y:  Registered Agent's S	pt service of process for the above state accept the appointment as registered agains of all statutes relating to the property position as register Chapter 605, F.S Company  Gignature (REQUIRED)  Tanet Budhu, Asst. V	ed limited liability company al gent and agree to act in this er and complete performance red agent as provided for in	

Page 1 of 2

The name a	d address of each person authorized	to manage and control the Limited Liability	Company:			
<u>Title:</u> "AMBR" =	Authorized Member	Name and Address:				
"MGR" = N	annger					
MGR		Mitch Schuster				
<u></u>		c/o Meister Seelig & Fein LLP	<del> </del>			
		140 E 45th Street, 19th Floor, NY, NY	10017			
	·					
			<del></del>			
			<del></del>			
(Use attachn	ent if necessary)					
TICLE V: Effecti	ve date, if other than the date of filing:	(OPT10	NAL)	<u>.</u>	2014	
an effective date is		d cannot be more than five business days pr	ior to or 90 days after	i	-	r <sub>a</sub>
date of filing.)			7		>	
TICLE VI: Other	1		٥	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16N 17	Salar Igan
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				— بسر <i>د</i>	D E	
REQUIRE	SIGNATURE:		Ė	S .	ဲ	7.
	Inniber	L. Prosperino				~***
	Signsture of a member or	an authorized representative of a member	•			
(	In accordance with section 605.0203	(1) (b), Florida Statutes, the execution of thi penalties of perjury that the facts stated herein	s document			
	Constitutes an attrimedon under the	n submitted in a document to the Department	of State			
	constitutes a third degree felony as p		0104111			
	Jennifer Prosperino, Au	thorized Representative				
	Typed	or printed name of signee	•			
		Iling Fees:				
\$125.00 Fi	ing Fee for Articles of Organization titled Copy (Optional)	on and Designation of Registered Agent				
	rtificate of Status (Optional)					
# 2.00 CI	Copional Copional					
	1					

Page 2 of 2