

L14000077162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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14 MAY -5 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Shivers MAY 13 2014

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April 29, 2014

Florida Department of State
Division of Corporations
PO Box 6250
Tallahassee, FL 32314

Re: *Associates Management, LLC*
Document No. TBD
Our file No.: 064-14

Dear Sirs:

Enclosed please an Articles of Organization for the above referenced limited liability company along with a check in the amount of \$125.00 representing the fees associated with the Amendment.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,



Erin Walker
Legal Secretary

ENCLOSURE

/enw

c/trans/GFT re: Associates/letter to Department of State_Associates_04.29.14

www.korshaklaw.com

950 S. WINTER PARK DR., SUITE 320, CASSELBERRY, FL 32707

Office (407) 855-3333 Facsimile (407) 855-0455

South Office (By Appointment Only) 13574 Village Park Dr., Suite 235, Orlando, FL 32837

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Associates Management, LLC
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:

Erin Walker
Name of Person

Korshak & Associates, P.A.
Firm/Company

950 S. Winter Park Drive, Suite 320
Address

Casselberry, FL 32707
City/State and Zip Code

ewalker@korshaklaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Walker at (407) 855-3333
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional 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:

Associates Management, 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 principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

950 S. Winter Park Drive, Suite 320
Casselberry, FL 32707

950 S. Winter Park Drive, Suite 320
Casselberry, FL 32707

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:

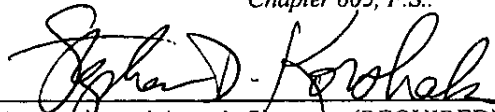
Korshak & Associates, P.A.
Name

950 S. Winter Park Drive, Suite 320
Florida street address (P.O. Box **NOT** acceptable)

Casselberry FL 32707
City Zip

FILED
14 MAY -5 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Stephen D. Korshak

950 S. Winter Park Drive, Suite 320

Casselberry, FL 32707

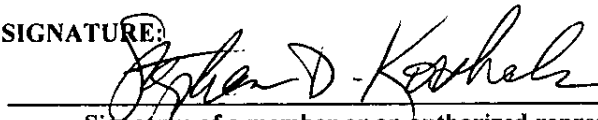
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)