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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

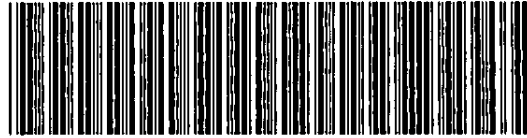
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/15/14--01010--010 \*\*130.00

J. Stivers DEC 17 2014

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14 DEC 15 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **FNC MANAGEMENT LLC**

111 N. PINE ISLAND ROAD, SUITE 202  
PLANTATION, FL 33324  
OFFICE: (954) 473-1500 FAX: (754) 200-4202

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

Re: FNC Management, LLC.

December 10, 2014

To Whom It May Concern,

Enclosed please find check # 2529 in the amount of \$130.00 and the signed documents for filing fee and certificate of status. Should you require any additional information please feel free to contact me.

Sincerely,



Jeffrey M Fenster

JMF/dhg

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FNC 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:

Jeffrey M Fenster  
Name of Person

Fenster and Cohen PA  
Firm/Company

111 N. Pine Island Road suite 202  
Address

Plantation, FL 33324  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jeffrey M Fenster at ( 954 ) 473-1500  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

FNC 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:**

111 N Pine Island Rd suite 202  
Plantation fl 33324

**Mailing Address:**

111 N Pine island Rd suite 202  
Plantation fl 33324

**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:

Jeffrey M Fenster  
Name

111 N Pine Island Rd suite 202  
Florida street address (P.O. Box **NOT** acceptable)

Plantation FL 33324  
City 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 605, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**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:**

Jeffrey m fenster

111 N Pine Island Rd suite 202

Plantation Fl 33324

MGR

Stacie I Cohen

111 Pine Island Rd suite 202

Plantation Fl 33324

(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.)

Jeffrey Fenster

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)

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