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COVER LETTER

	lew Filing Section Division of Corporations	
SUBJECT	T: National Credit Masters, LLC Name of Limited Liability Company	
The enclos	sed Articles of Organization and fee(s) are submitted for filing.	
Please retu	irn all correspondence concerning this matter to the following:	
	William G. Ball	
	Name of Person	
	Fiscus & Ball, P.C. Firm/Company	
	тинесопрацу	
		<u>~</u>
	310 Grant Street, Suite 3100 Address	— <u>L.J.</u>
	Address	
	Distribute D4 15930	. 🔾 [-
	Pittsburgh, PA 15219 City/State and Zip Code	
	· · ·	ယ့
	Wball@fiscusball.com E-mail address: (to be used for future annual report notification)	
	E-man address. (to be used for future annual report normeation)	
For further i	information concerning this matter, please call:	
	William G. Ball at (412) 456-9700	
	Name of Person Area Code Daytime Telephone Number	
Enclosed i	s a check for the following amount:	
\$125.00 F	Siling Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee & Certificate of Status (Certified Copy (additional copy is enclosed)	ıs &
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	Liability Company is:		
National Credit Maste	rs, LLC		
(Must cor	ntain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address The mailing address and		cipal office of the Limited Lial	pility Company is:
Principal Office Addres	ss:	Mailing Address:	
15560 McGregor Bou	levard	15560 McGregor Bo	ulevard
Unit 10		Unit 10	
Ft. Myers, FL 33908		Ft. Myers, FL 33908	
(The Limited Liability Compa business entity with an active	my cannot serve as its own Reg	Office, & Registered Agent's sistered Agent. You must designate an istered agent are:	
	<u></u>	Name	_
	11611 Marino Court, Unit 1006		
	Florida street address	s (P.O. Box <u>NOT</u> acceptable)	- -
	Ft. Myers	FL 33908	_
	City	Zip	_
place designated in this further agree to comply v	s certificate, I hereby accep with the provisions of all st ad accept the obligations of	ot the appointment as registered atutes relating to the proper an f my position of registered agen	bove stated limited liability company at the lagent and agree to act in this capacity. It demplete performance of my duties, and It as provided for in Chapter 605, F.S
	Regis tere d	Agent's Signature (REOVIRE	(D)
		(CONTINUED)	

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	William G. Ball	
	11611 Marino Court., Unit 1006	
	Ft. Myers, FL 33908	
MGR	Michael Teodosio	
	11600 Marino Court, Unit 108	·
	Ft. Myers, FL 33908	
		FINED
		 }
(Use attachment if necessary)		
RTICLE V: Effective date, if other than if an effective date is listed, the date mu ays after the date of filing.)	n the date of filing: (O st be specific and cannot be more than five business	PTIONAL) days prior to or 90 calend
ARTICLE VI: Other provisions, if any. None		
		
	- Andrew	
REQUIRED SIGNATURE:	Signature of a member or an authorized representative	
	a Statutes, the execution of this document constitutes an affirmat	

(In accordance with section 605.0205 (3), 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.)

William G. Ball

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)