

LI 8000 142637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

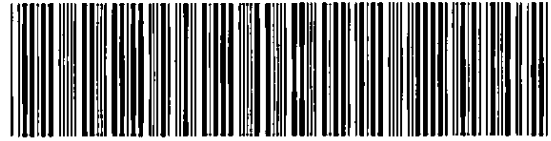
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300314360483

RECEIVED  
18 JUN 11 PM 4:21

FILED  
18 JUN 11 AM 9:57  
SECRET  
FBI/DOJ

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE:** 6/11/18

**NAME:** ACCEPTANCE LLC

**TYPE OF FILING:** ARTICLES

**COST:** 125.00

**RETURN:** PLAIN COPY PLEASE

---

**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Abbie Hodge*

---

FILED  
18 JUN 11 AM 9:51  
TALLAHASSEE, FL  
CLERK OF COURT

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I      NAME**

The name of the Limited Liability Company is:

ACCEPTANCE LLC

**ARTICLE II      ADDRESS**

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

6903 SAWTOOTH COURT

OCOE, FLORIDA 34761

**ARTICLE III      REGISTERED AGENT**

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

WILTON R BEAMER III

6903 SAWTOOTH COURT

OCOE, FLORIDA 34761

*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.*

X   
WILTON R BEAMER III / Registered Agent's signature

FILED  
18 JUN 11 AM 9:51  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

PAGE 2      ACCEPTANCE LLC

**ARTICLE IV      AUTHORIZED PERSON(S)**

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

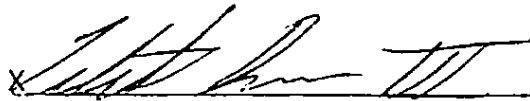
AUTHORIZED MEMBER

WILTON R BEAMER III

6903 SAWTOOTH COURT

OCOE, FLORIDA 34761

.....

X 

WILTON R BEAMER III / Authorized Representative's signature

*(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.)*

FILED  
18 JUN 11 AM 9:57  
SECRET  
FBI MIAMI