Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (852)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. FIRST CALL FUGITIVE RECOVERY LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIRST CALL FUGITIVE RECOVERY LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

<u>Princip</u> :	d Office Address:		Mailing Addr	<u>ess</u> :
306 S 1st STREET		306	S 1st STREET	
IMMOKALEE, FL.	14142	IM	MOKALEE, FL 34142	
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business entity with an o	etive Florida registratio	ວກ.)	. You must designate an inc	
business entity with an o	ective Florida registration	on.) d agent are:	. You must designate an inc	
business entity with an o	etive Florida registration address of the registered CARL BEASLEY	on.) d agent are: Name		
business entity with an e	ective Florida registration address of the registered CARL BEASLEY 306 S 1st STREET	on.) d agent are: Name		

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. Thereby accept the appointment os 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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	CARL BEASLEY 306 S 1st STREET IMMOKALEE, FL 34142
(Use attachment if necessary)	
n effective date is listed, the date must be late of filing.) e: If the date inserted in this block does no	ot meet the applicable statutory filing requirements, this date will not be
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Filing Pees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)