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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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : MARIA XIMENA MARTINEZ

Account Number: I20220000054 Phone : (786)571-4129

Fax Number : (786)590-1744

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

Email Address:\_\_\_\_\_

# FLORIDA LIMITED LIABILITY CO. SOUTH STATE RECOVERY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Help



# $(((\underline{\text{H23000371525 3}}))))$

#### COVER LETTER

	ing Section a of Corporations
SUBJECT:	SOUTH STATE RECOVERY LLC
	Name of Limited Liability Company
The enclosed Art	icles of Organization and fee(s) are submitted for filing.
Please return ail	correspondence concerning this matter to the following:
	MARIA XIMENA MARTINEZ
	Name of Person
	MODERN SOLUTIONS GROUP
	Firm/Company
	10810 BOYETTE RD STE 2280
	Address
	RIVERVIEW, FL 33568
	City/State and Zip Code INFO@MODERNSOLUTIONSGROUP.NET
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
MAR	A XIMENA MARTINEZ 31 ( 786 ) 571-4129
<del></del>	Name of Person Area Code Daytime Telephone Number
Enclosed is a che	ck for the following amount:
<b>≡</b> \$125.00 Filing	Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

## Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	A	R	Τl	CL	Æ	۱-	N	aı	ne	:
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The name of the Limited Liability Company is:

#### SOUTH STATE RECOVERY LLC

(Must contain 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:		
7901 4th St N	720 N US HWY 441 STE 1066		
STE 300	LADY LAKE, FL 32159		
St. Petersburg FL 33702			

#### 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:

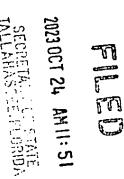
Registered Agents Inc					
	Name				
7901 4th St N		STE 300			
Florida street address (P.O. Box NOT acceptable)					
St. Petersburg	FL.	33702			
City	State	Zip			

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..

David Points

Registered Agent's Signature (REQUIRED)

(CONTINUED)



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## ARTICLE IV-

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

Title:		Name and Address:	
"AMBR" = Auth			
"MGR" = Mana	ger		
AMBR		MOVIC HOLDING LLC 30 N Gould St Ste R	
		Sheridan, WY 82801	
		Signati, WT 62501	
			**************************************
		***************************************	
If an effective date is list he date of filing.) Note: If the date inserted	ed, the date must be spec	f filing:  ific and cannot be more than five busin  et the applicable statutory filing requirer  State's records.	ess days prior to or 90 days after
ARTICLE VI: Other prov	risions, if any.		
REQUIRED SI			
	Mar	ia Ximena Martinez	
	······································	iber or an authorized representative of	
	This document is executed am aware that any false i	d in accordance with section 605.0203 (1 nformation submitted in a document to the clony as provided for in s.817.155, F.S.	) (b), Florida Statutes.
	Mana Ximena Maninez		
	mana whicha mampat	Typed or printed name of signee	
		Typed of printed name of signee	EC. 30

## 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)

SECNETAL OF STATE