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C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

600002407526-3

-01/21/98-01107-026

\*\*\*\*293.75 \*\*\*\*293.75

CORPORATION(S) NAME

*Southeast Florida Financial, L.C.*

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- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Limited Liability Partnership
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Thanks, Melanie

*1-21-98 M/K 1/21/98*

*CF 285.00*

*-CERT 8.75*

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: SOUTHEAST FLORIDA FINANCIAL, L.C.

**ARTICLE II - Address:**

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

11100 OVERSEAS HIGHWAY  
MARATHON, FLORIDA 33050

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

UNTIL JANUARY 1, 2025

**ARTICLE IV - Management:**

(check and complete the appropriate statement)

- The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

T. KLASK  
11100 OVERSEAS HIGHWAY  
MARATHON, FLORIDA 33050

- The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

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**ARTICLE V - Registered Agent**

The name and street address of the initial registered agent of the Limited Liability Company is:

**C T CORPORATION SYSTEM  
1200 South Pine Island Road  
Plantation, Florida 33324**

**ARTICLE VI - Registered Office**

The street address of the initial registered office of the Limited Liability Company is:

**c/o C T CORPORATION SYSTEM  
1200 South Pine Island Road  
Plantation, Florida 33324**

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~~**\*ARTICLE VII - Admission of Additional Members**~~

~~The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:~~

~~**\*ARTICLE VIII - Members' Rights to Continue Business**~~

~~The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:~~

✓ 1/17/98  
(Date)

x [Signature]  
(Signature of Member or the Authorized Representative of a Member)

**REGISTERED AGENT ACCEPTANCE**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of section 608.415, Florida Statutes, 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.

**C T CORPORATION SYSTEM**

By [Signature]  
(Signature)

1-21-98  
(Date)

**CONNIE BRYAN**  
SPECIAL ASSISTANT SECRETARY  
(Type Name of Officer)

(Title of Officer)

\*(If applicable)

### AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

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The undersigned member or authorized representative of a member of \_\_\_\_\_  
SOUTHEAST FLORIDA FINANCIAL, L.C. deposits and says:

- 1) the above named limited liability company has at least two members;
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ \_\_\_\_\_  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 1,000.00  
This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.

In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: SOUTHEAST FLORIDA FINANCIAL, L.C.

2. The name and address of the registered agent and office is:

CT CORPORATION SYSTEM

(NAME)

1200 SOUTH PINE ISLAND ROAD

(P. O. Box NOT ACCEPTABLE)

PLANTATION, FLORIDA 33324

(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.*

Connie Bryan  
(SIGNATURE)

1-21-98  
(DATE)

**CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY**

**Filing Fee: \$ 35 for Designation of Registered Agent**