# 198000002498

October 27, 1998

Registration Division Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399

To whom it may concern:

Enclosed is the following with respect to:

Valuation Consultants of S.W. FL., L.C.

- 1. Articles of Organization
- 2. Certificate of Designation of Registed Agent/Registered Office
- 3. Check in the amount of \$285.00

The effective date is October 22, 1998

Any questions, please contact me at 941/434-8033.

900002675989--5 -10/29/98--01085--006 \*\*\*\*285.00 \*\*\*\*285.00

Stuphen E. cohen

Stephen E. Cohen Manager, Valuation Consultants of S.W. FL., L.C.

Name 11/3/98
Availability des

Document Examiner

Updater

Updater

Verifyer

Acknowledgement DCU

W. P. Verifyer

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SECRETARINATE FLORIDA
TALLARIA SELE FLORIDA

# ARTICLE I - Name: The name of the Limited Liability Company is: VALUATION CONSULTATION ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: M: Po Box 2768, Mapks, Fr. 34106 S: 2900 14th St. No. St. 14, Mapks, fr. 34103 ARTICLE III - Duration: The period of duration for the Limited Liability Company shall be: Zo years from effective date

**ARTICLE IV - Management:** (Check the appropriate box and complete the 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:

Stephen E. Cohen, 2900 14th Fr No., Nelle, £ 34106

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:

### **ARTICLE V - Admission of Additional Members:**

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

HPON 100% APProval of existing members

### **ARTICLE VI - 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:

HPON 100% Approved of removing members &

### ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of VELLETION		
	rtifies	s:
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<ol> <li>the above named limited liability company has at least one member;</li> <li>the total amount of cash contributed by the member(s) is</li> </ol>	\$	500 .
	Ψ <u></u>	1,500.
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.); and	\$_	(1200;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is	\$	7,000
(3) Forniture, Fextures, Equipment, Library		
Signature of a member or an authorized representative of a mem	<u>le</u> nt ber.	retive
(In accordance with section 608.408(3), Florida Statutes, the execution affidavit constitutes an affirmation under the penalties of perjury that the stated herein are true.)	of thi	is ets

Filing Fee: \$250.00 for Articles and Affidavit

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA

STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

CONSULTANTS of S.W. FL., L.C.

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

AMME

AMME

AGO 144 F. No.

Florida street address (P. O. BOX NOT ACCEPTABLE)

NAME

OTY, STATE AND ZP

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.

SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent