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-12/22/98-01050-004  
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Friday Burke

1-800-522-0819

IF you have any  
question!

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Field Recovery Agency LLC  
1070 Ingle side Ave.  
Jacksonville, FL  
32205

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Field Recovery Agency, LLC

## ARTICLE II - Address:

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

1070 Ingleside Ave, Jacksonville, FL 32205

## ARTICLE III - Duration:

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

Perpetual

## 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:

☒ 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:

Robert Vinson - 1070 Ingleside Ave, Jacksonville, FL 32205 - Pres.  
Joel Craig Fine - 1070 Ingleside Ave, Jacksonville, FL 32205 - Sec.

## 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:

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**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: Field Recovery Agency

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

Robert Vinson  
NAME

1070 Ingham Ave  
Florida street address (P. O. Box NOT ACCEPTABLE)

Jacksonville FL 32205  
CITY, STATE AND ZIP

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*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.*

Robert Vinson  
SIGNATURE

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

#### 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:

#### ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of \_\_\_\_\_

Field Recovery Agency, LLC

SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/1/01 BY SP-6  
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- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is

- 3) if any, the agreed value of property other than cash contributed by member(s) is \$

0

(A description of the property is attached and made a part hereto.); and

- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is

\$ 100

  
Signature of a member or an 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.)

Robert Vinson

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit