

Document Number Only

L 99000009324

C T Corporation System

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850) 222-1092

City State Zip Phone

CORPORATION(S) NAME

400003081754-4
-12/28/99--01043--020
****155.00 ****155.00

w 99-29491

CFO Online LLC

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- Limited Liability Company
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TALLAHASSEE, FLORIDA

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CONNIE BRYAN

12/29



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 28, 1999

CT SYSTEM
ATTN: CONNIE BRYAN

SUBJECT: CFO ONLINE LLC
Ref. Number: W99000029491

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TALLAHASSEE FLORIDA

We have received your document for CFO ONLINE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

✓ The words "Registered Agent's Signature" should not appear above the member's signature (in Article IV). Also, the typed or printed name underneath this signature does not match the signature itself.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 499A00060408

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Records Management Outsources LLC~~
CFO ONLINE LLC

ARTICLE II - Address:

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

6175 N.W. 32nd Avenue, Boca Raton, Florida 33496

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

<u>CT Corporation System</u>	
Name	
<u>1200 South Pine Island Road</u>	
Florida street address (P.O. Box NOT acceptable)	
<u>Plantation</u>	<u>FL 33324</u>
City, State, and 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 608, F.S.

Connie Bryan **CONNIE BRYAN**
SPECIAL ASSISTANT SECRETARY

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Edward M. Caplan
Signature of a member or an authorized representative of a member.

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

Edward M. Caplan
Typed or printed name of signer

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

- FILING FEES:**
- \$ 100.00 Filing Fee for Articles of Organization
 - \$ 25.00 Designation of Registered Agent
 - \$ 30.00 Certified Copy (OPTIONAL)
 - \$ 5.00 Certificate of Status (OPTIONAL)