

**L05000012050**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**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.**

(((H05000030354 3)))

**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) 205-0383

From:

Account Name : J L HOFMANN & ASSOCIATES, P.A.  
Account Number : I19990000022  
Phone : (305) 461-4400  
Fax Number : (305) 461-4403

RECEIVED  
05 FEB -4 PM 4:05  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**Strategic Lending Partners, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED  
2005 FEB -4 PM 9:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

(H 05000030354 3)

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Strategic Lending Partners, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2333 Ponce de Leon Blvd., Suite R60  
Coral Gables, FL 33134

**Mailing Address:**

329 Granello Avenue  
Coral Gables, FL 33146

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

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

United States Registered Agents, Inc.

Name

329 Granello Avenue

Florida street address (P.O. Box NOT acceptable)

Coral Gables, FL 33146

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.*

*Helena Kabeber*

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

(H05 000030354 3)

2005 FEB -4 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(H05000030354 3)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Roland St. Louis, Jr.

2333 Ponce de Leon Blvd., Suite R60

Coral Gables, FL 33134

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Helena Ledbetter

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.)

Helena Ledbetter

Typed or printed name of signer

**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)

(H05000030354 3)

2005 FEB -4 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED