

L10000003488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

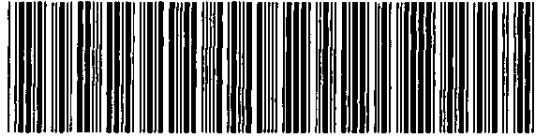
Special Instructions to Filing Officer:

L. SELLERS

JAN 12 2010

EXAMINER

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01/08/10--01003--022 **160.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

10 JAN 11 AM 9:47

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Peninsula Lifestyle Capital, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ryan G. Harper

Name of Person

Peninsula Lifestyle Capital, LLC

Firm/Company

2925 North Highway A1A, Suite 103

Address

Indianalantic, Florida 32903

City/State and Zip Code

downtownryan@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan G. Harper

Name of Person

at (**904**)

945-2091

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Peninsula Lifestyle Capital, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Peninsula Lifestyle Capital, LLC
2925 North Highway A1A, Suite 103
Indialantic, FL 32903

Peninsula Lifestyle Capital, LLC
2925 North Highway A1A, Suite 103
Indialantic, FL 32903

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Ryan G. Harper

Name

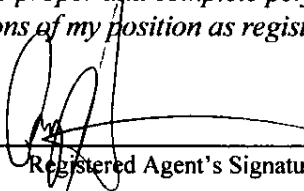
2925 North Highway A1A, Suite 103

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

Indialantic, FL 32903 FL

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

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

Ryan G. Harper

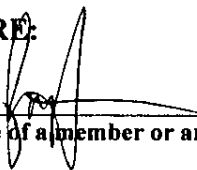
2925 North Highway A1A, Suite 103

Indialantic, FL 32903

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Ryan G. Harper

Typed or printed name of signee

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)

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 10 JAN 11 AM 9:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Attn: Leslie
Registration Section

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: PENINSULA LIFESTYLE CAPITAL, PLLC

This is to notify of my intentions to file as a Professional Limited Liability Company (PLLC) for the purposes of registering and operating a Mortgage Brokerage Business in the county of Brevard, State of Florida. This business will operate under the name Peninsula Lifestyle Capital, PLLC.

Peninsula Lifestyle Capital, PLLC will be working as a professional organization under the Principal Brokerage of Ryan G. Harper. Peninsula Lifestyle Capital, PLLC will provide these professional mortgage services including but not limited to:

1. Mortgage related operations with builders, brokers, branch offices and financial institutions
2. Loan Portfolio Data Analysis
3. Mortgage Asset Liquidation
4. Asset-Value Recovery
5. Portfolio Management
6. Default Portfolio Acquisitions
7. Portfolio Exit Strategies
8. Construction Project Analysis
9. Construction Loan Administration
10. REO Asset Management

Please forward any requests for additional information to Ryan G. Harper. Thank you.

Ryan G. Harper

2925 North Highway A1A
Suite 1031
Indianantic, Florida 32903
904.945.2091
Fax: 321.773.8764

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