

L11000060932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

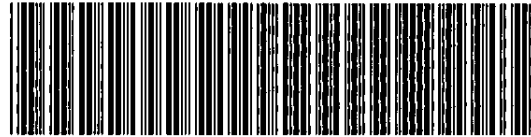
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700207984127

05/23/11--01049--012 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 23 AM 11:52

N. Cuttigan MAY 24 2011



May 19, 2011

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

Dear Division of Corporations:

Enclosed please find for filing an original and copy of the Articles of Organization for Florida Limited Liability Company for Client Direct Finance LLC, along with our check in the amount of \$160.00 which includes the \$125.00 filing fee, \$30.00 for certified copy and \$5.00 for certificate of status.

Please forward certified copy and certificate of status to: Carol Manson, c/o AIS, 955 Executive Parkway, Suite 106, St. Louis, MO 63141.

Thank you for your assistance in this filing, and please advise if you need anything further.

Sincerely,

A handwritten signature in cursive script that reads "Carol Manson".

Carol A. Manson
Paralegal

Encl/

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Client Direct Finance 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:

Carol Manson, Paralegal

Name of Person

Automated Installment Systems

Firm/Company

955 Executive Parkway, Suite 106

Address

St. Louis, MO 63141

City/State and Zip Code

cmanson@automatedinstallment.com

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

For further information concerning this matter, please call:

Carol Manson

Name of Person

at (**314**) **576-0007**

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:

Client Direct Finance 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:

955 Executive Parkway, Suite 106
St. Louis, MO 63141

Mailing Address:

P O Box 66501
St. Louis, MO 63166-6501

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:

John M. Goda

Name

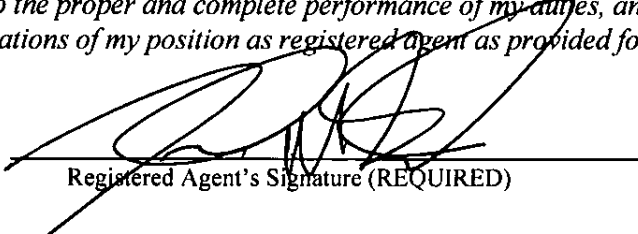
6371 Business Blvd.

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

Sarasota, FL 34240

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 23 AM 11:52

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

John A. Folino
125 Hillvue Lane
Pittsburgh, PA 15237

MGR

John M. Goda
6371 Business Blvd.
Sarasota, FL 34240

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JOHN A. FOLINO

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)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 23 AM 11:53