

L13000132857

Florida Department of State
Division of Corporations
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.

(((H13000207939 3)))



H13000207939ABC1

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) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

13 SEP 19 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
AMERICAN LENDING GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

66017
refax 2/19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP 19 AM 8:10

FILED

Electronic Filing Menu

Corporate Filing Menu

Help J. Shivers SEP 20 2013

H13000007939

4

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

Date: September 18, 2013

ARTICLE I - NAME:

The name of the Limited Liability Company is:

AMERICAN LENDING GROUP, LLC

ARTICLE II - ADDRESS:

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

**9330 NW 50 DORAL CIRCLE
DORAL, FL 33178**

FILED
13 SEP 19 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE:

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

RAMON MARTIR
Name

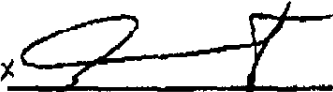
9330 NW 50 DORAL CIRCLE
Florida Street Address

DORAL, FL 33178
City, State, and Zip

-continued-

H13000007939

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.

x 

Registered Agent's Signature
RAMON MARTIR

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be considered a single manager LLC and is therefore a SINGLE MANAGER LLC company. The NAME and ADDRESS of initial MANAGER/MEMBER is as follows:

Title _____
Member/Manager

Name and Address:
ARMANDO MARTIR
9330 NW 50 DORAL CIRCLE
DORAL, FL 33178

ARTICLE V BUSINESS DEDUCTIONS

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

-continued-

H13000207939

ARTICLE VI - EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: September 18, 2013

X _____
Signature of 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

ARMANDO MARTIR
Member/Manager of LLC

September 18, 2013

FILED
13 SEP 19 14 09:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H13000207939