

L15000061662

**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.

(((H15000086572 3)))



H150000865723ABC1

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
Anderson Quality Lenders, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

15 APR -9 AM 10:00

BUREAU OF CORPORATIONS
INFORMATION SERVICESOFFICE OF THE STATE
TALLAHASSEE, FLORIDA

15 APR -8 PM 12:20

FILED

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Anderson Quality Lenders, 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:

Bernadette M. Dennehy
Name of Person

Dickinson Wright PLLC
Firm/Company

500 Woodward Ave., Suite 4000
Address

Detroit, MI 48226
City/State and Zip Code

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

For further information concerning this matter, please call:

Thomas Munzenberger at (313) 223-3767
Name of Person Area Code Daytime Telephone Number

Inclosed 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:

Anderson Quality Lenders, 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:

121 W. Long Lake Rd., Suite 320
Bloomfield Hills, MI 48304

121 W. Long Lake Rd., Suite 320
Bloomfield Hills, MI 48304

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:

The Anderson Group (Florida), LLC

Name

111 2nd Avenue NE, Suite 1250

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

St. Petersburg

FL

33701

City

Zip

I 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 605, F.S.

The Anderson Group (Florida), LLC

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
15 APR -8 PM 12:20
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

The Anderson Group, LLC

121 W. Long Lake Rd., Suite 320

Bloomfield Hills, MI 48304

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Bernadette M. Dennehy

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)