

L22000055137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

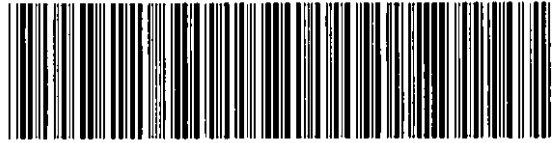
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200379976222

**FILED**  
2022 FEB 11 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

**RECEIVED**  
2022 FEB 11 AM 11:37  
TALLAHASSEE, FL  
SECRETARY OF STATE

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 02/11/2022

**\*\*WALK IN\*\***

ENTITY NAME FEDERAL EMPLOYEE LOANS, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXX  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Plain Copy*  
*Certified Copy*  
*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Certified Copy of Arts & Amendments*  
*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$125.00

ACCOUNT #: I20160000072

*S. R. J. M.*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**ARTICLES OF ORGANIZATION  
OF  
FEDERAL EMPLOYEE LOANS  
LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, pursuant to Chapter 605 of the Florida Statutes, hereby makes, acknowledges and files the following Articles of Organization (the "Articles").

**ARTICLE I. NAME**

The name of the limited liability company is FEDERAL EMPLOYEE LOANS LLC  
(the "Company").

**ARTICLE II. MAILING AND STREET ADDRESS**

The mailing address and street address of the principal office of the Company shall be 260 Crandon Boulevard, Suite 32-137, Key Biscayne, Florida 33149.

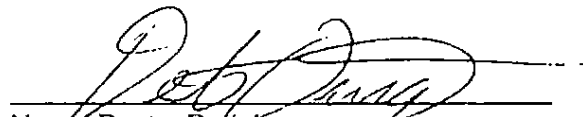
**ARTICLE III. REGISTERED AGENT AND OFFICE**

The name of the initial registered agent and the street address of the registered office of the Company in the State of Florida is NRAI Services, Inc., 1200 South Pine Island Road, Broward County, Plantation, Florida 33324.

**ARTICLE IV. MANAGEMENT**

The Company shall be a manager-managed limited liability company and shall be managed in accordance with the operating agreement adopted by the members for the management of the business and affairs of the Company. The initial manager of the Company shall be Dexter Dwight, 260 Crandon Boulevard, Suite 32-137, Key Biscayne, Florida 33149.

IN WITNESS WHEREOF, the undersigned has made and subscribed to these Articles of Organization on February 11, 2022.

  
Name: Dexter Dwight  
Authorized Representative

**FILED**  
2022 FEB 11 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ACCEPTANCE OF REGISTERED AGENT**

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in that capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent as provided for in Chapter 605, F.S.

Dated: February 11, 2022.

Registered Agent:

NRAI Services, Inc.

By: *Natalie Leiba-Paul*  
Print Name: Natalie Leiba-Paul

Assistant Secretary