

L00000002729

Requester's Name  
13110 Agave St.  
Address  
Panama City Beach, FL 32417 850-235-1567  
City/State/Zip Phone #

Office Use Only

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 MAR 10 PM 1:27

APPROVED  
AND  
FILED

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Lenders Outlet LLC

(Corporation Name)

(Document #)

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\*\*\*160.00 \*\*\*160.00

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

RECEIVED  
MAR 10 PM 1:27  
NEW FILINGS  
PROFIT  
NOT FOR PROFIT  
LIMITED LIABILITY  
DOMESTICATION  
OTHER

☒ Walk-ins  
☐ Mail only

☐ Pick up time

☒ Will wait

☐ Photocopy

☒ Certified Copy

☒ Certificate of Status

**AMENDMENTS**

☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Lenders Outlet LLC

## ARTICLE II - Address:

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

P.O. Box 18858

2305 Transmitter Rd.

Panama City Beach, FL 32417

Panama City, FL 32404

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

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

James F. Truitt

Name

13110 Agave St.

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

Panama City Beach FL 32417

City, State, and Zip

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*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

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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.)

James F. Truitt

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)