

LD40000030063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

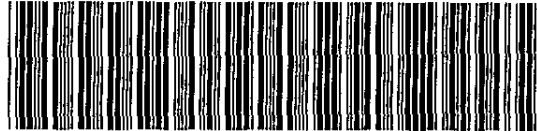
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/15/09--09/05/09 **155 00

09/15/09
09/05/09
09/05/09

LD4-30063
48

TRANSMITTAL LETTER

December 1, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Central Florida Funding, LLC.

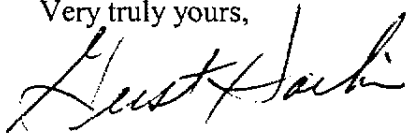
To Whom It May Concern:

Enclosed please find the original of the Articles of Organization for the above LLC and check in the amount of \$155.00.

Filing Fees:	\$ 100.00
Certified Copy	30.00
Registered Agent Designation	<u>25.00</u>
	\$ 155.00

If you have any questions concerning this matter please contact the undersigned. Thank you in advance for your prompt attention to this matter.

Very truly yours,



Gust Halkis
2180 West State Rd. 434, Suite 1100
Longwood, FL 32779
(407) 389-8110

Enclosures

RECEIVED
DEC 1 11:37 AM '03
6327

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Central Florida Funding, LLC.

ARTICLE II - Address:

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

Principal Office Address:

2180 West State Rd 434, Suite 1100

Longwood, FL 32779

Mailing Address:

2180 West State Rd 434, Suite 1100

Longwood, FL 32779

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

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

Gust Halkis

Name

2180 West State Rd 434, Suite 1100

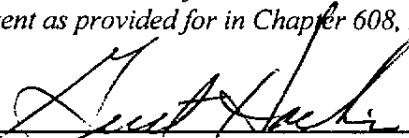
Florida street address (P.O. Box **NOT** acceptable)

Longwood

FLORIDA 32779

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, Florida Statutes..



Registered Agent's Signature

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

Gust Halkis

622 Fox Hunt Circle

Longwood, FL 32750

MGRM

Anthony F Benincasa


359 Random Terrace

Lake Mary, FL 32749

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Gust Halkis

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)