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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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RECEIVED 14 JUNII PH 3: 08 15:0H OF CORPORATION

## LIMITED LIABILITY COMPANY

NetLoanOfficer Consulting LLC

Certificate of Status	1
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Page Count	02
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## FILED

ARTICLE	I -	Name
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The name of the Limited Liability Company is:

NetLoanOfficer Consulting LLC JUN 11 A 11.

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ARTICLE II - Address

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

Principal Office Address:	Mailing Address:
2739 US Highway 19	2739 US Highway 19
Holiday, FL 34691	Holiday, FL 34691
ARTICLE III - Registered Agent, Registered O The name and Florida street address of the registered agent	

Bill O'Donnell	
	Name
2025 Oswego D	rive
(P.O. Box or i	Mail Drop Box <u>NOT</u> Acceptable)
Holiday, FL 346	91
(0	City / State / Zio)

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.

Régistered Agent's Signature - Bill O'Donnell

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ARTICLE IV - Manager(s) or		110700012-10
The name and address of each Man	ager or Managing Member is as follows:	Frank II Come Service
Title:	Name and Address:	FILED
"MGR" = Manager		2004 Alma
"MGRM" = Managing Member		20EN JUN [ ] A []: [4
MGRM	Melanie O'Donnell- 2025 Oswego Dri	ive, Holiday, FI 34691 OF STATE
MGRM	Louise Trevino- 2025 Oswego Drive.	
(Use attachment if necessary)		
REQUIRED SIGNATURE:		
		_
Signature	of a member or authorized representati	ve of a member.
•	nce with section 608.408(3), Florida Stati Institutes an affirmation under the penalt In are true.)	•
	Melanie O'Donnell	
	Typed or printed name of signe	e