

L04000089242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

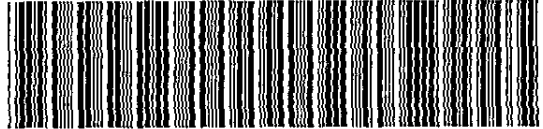
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 072806 7139625

AUTHORIZATION :

COST LIMIT : \$ 155.00

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TALLAHASSEE, FLORIDA
Patricia Figueroa

ORDER DATE : December 9, 2004

ORDER TIME : 2:39 PM

ORDER NO. : 072806-005

CUSTOMER NO: 7139625

CUSTOMER: Ms. Jody Petras
Schnader Harrison Segal &
Lewis
Suite 2700, Fifth Avenue Place
120 Fifth Avenue
Pittsburgh, PA 15222

DOMESTIC FILING

NAME: AMERIGROUP LENDING-NAPLES
FLORIDA, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Justin Cheshire - EXT. 2909

EXAMINER'S INITIALS: _____

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

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TALLAHASSEE, FLORIDA

ARTICLE I - Name. The name of the Limited Liability Company is:
AmeriGroup Lending - Naples Florida, LLC

ARTICLE II - Address. The mailing address and street address of the principal office of the Limited Liability Company is: 2277 Trade Center Way, Suite 202, Naples, FL 34109.

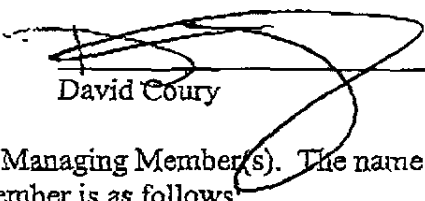
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature. The name and the Florida street address of the registered agent are:

Name: David Coury

Florida street address: 2277 Trade Center Way, Suite 202, Naples, FL 34109

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:


David Coury

ARTICLE IV - Manager(s) or Managing Member(s). The name and address of each Manager or Managing Member is as follows:

Title: Manager

Name and Address: Anthony J. Morante
2277 Trade Center Way, Suite 202
Naples, FL 34109

REQUIRED SIGNATURE:


Name: David Coury, Authorized Representative