

**L040000 93037**

Florida Department of State  
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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**Lagniappe Funding LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LAGNIAPPE FUNDING LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

LAGNIAPPE FUNDING LLC.

Ms. MEMBER-LEE FREYER KENNEDY

981 HWY. 98, UNIT 3 # 423

DESTIN, FL 32541

**Mailing Address:**

LAGNIAPPE FUNDING LLC, c/o LACHMAN & LACHMAN

444 MADISON AVENUE, 33-Floor, # 3301

NEW YORK, N.Y. 10022

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

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

LEE FREYER KENNEDY

Name

981 HWY. 98, UNIT 3 # 423

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

DESTIN, FL. 32541

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, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature  
LEE FREYER KENNEDY

(CONTINUED)

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**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"

LEE FREYER KENNEDY

981 HWY. 98, UNIT 3 # 423

DESTIN, FL 32541

"MGR"

MEENA LACHMAN, LACHMAN & LACHMAN

444 MADISON AVENUE, 33-FL. # 3301

NEW YORK, N.Y. 10022

(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.)

MEENA LACHMAN

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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