

LOS 000014865

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : SMITH, GAMBRELL & RUSSELL LLP
Account Number : I20020000143
Phone : (404) 815-3538
Fax Number : (904) 598-6300

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

Lender's Capital, LLC

Certificate of Status	0
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JR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lender's Capital, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebecca Saferstein, Paralegal
(Name of Person)

Smith, Gambrell & Russell, LLP
(Firm/Company)

Suite 3100, Promenade II, 1230 Peachtree ST NE
(Address)

Atlanta, GA 30309-3592
(City/State and Zip Code)

For further information concerning this matter, please call:

Rebecca Saferstein at (404) 815-3721
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee &
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Certified Copy
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|---|---|---|--|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SMITH GAMBRELL AND RUSSEL

P.10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Lender's Capital, LLC**ARTICLE II - Address:**

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

Principal Office Address:6301 North Ocean Blvd.
Ocean Ridge, Florida 33435**Mailing Address:**6301 North Ocean Blvd.
Ocean Ridge, Florida 33435**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

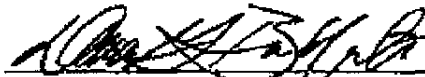
Dana G. Bradford, II

Name

50 North Laura Street, Suite 2600Florida street address (P.O. Box **NOT** acceptable)Jacksonville 32202FL

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

(CONTINUED)

Page 1 of 2

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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:


MGR _____

Alvin Mainik _____

6301 North Ocean Blvd. _____

Ocean Ridge, Florida 33435 _____

(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.)

M. Timothy Elder, Authorized Representative _____

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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