

L05000033925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

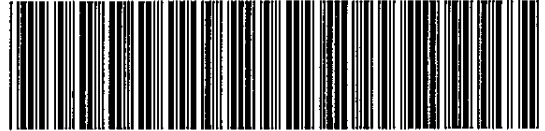
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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DIVISION OF CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Office Lending, 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:

Michael B. Kramer
(Name of Person)

Office Lending, LLC
(Firm/Company)

3661 Letitia Lane
(Address)

Tallahassee, FL 32302
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy Armstrong at (850) 222-5823
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR
OFFICE LENDING, LLC**

ARTICLE 1 – Name

The name of the Limited Liability Company is Office Lending, LLC.

ARTICLE 2 – Address

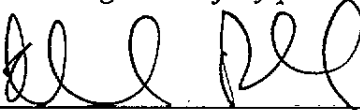
The mailing address and street address of the principal office of Office Lending, LLC is 3661 Letitia Lane, Tallahassee, FL 32312.

**ARTICLE 3 – Registered Agent, Registered Office
and Registered Agent's Signature**

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

Michael B. Kramer
3661 Letitia Lane
Tallahassee, FL 32312

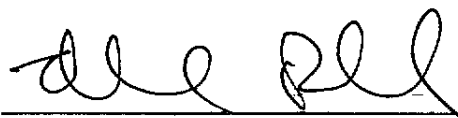
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes 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.



Michael B. Kramer, Registered Agent

ARTICLE 4 – Manager(s) or Managing Member(s), Member(s)

Michael B. Kramer, Member
3661 Letitia Lane
Tallahassee, FL 32312



Michael B. Kramer, authorized representative

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury and that the facts stated herein are true.)

Michael B. Kramer

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