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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Consist traterations to	Filing Officer	
Special Instructions to	Filling Officer:	cc
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Office Use Only		



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BAL HARBOUR LENDING LC (Name of Limited	Liability Company)	······································
The enclosed Articles of Organization and fee(s) are su	ibmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
ELLEN R. WEINTRAUB		
4)	lame of Person)	
BAL HARBOUR LENDING LC		
(F	Firm/Company)	
10275 COLLINS AVENUE, SUITE 1018	3	
	(Address)	
BAL HARBOUR, FLORIDA 3315		-
(City/	State and Zip Code)	
For further information concerning this matter, please	cali:	
ELLEN R. WEINTRAUB	at (305) 868-1684	
(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\text{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	MAILING Registration Division of	

409 E. Gaines Street Tallahassee, Florida 32399

P.O. Box 6327 Tallahassee, Florida 32314

BAL HARBOUR LENDING

May 30, 2005

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs:

Enclosed please find the Articles of Organization for Bal Harbour Lending LC, and my check in the amount of \$125.

Thank you for your assistance in this matter.

Ellen R. Weintraub

Sincerely,

Ellen R. Weintraub

President

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:			
BAL HARBOUR LENDING LC				
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Lia	bility Com	pany i	s:
Principal Office Address:	Mailing Address:			
10275 COLLINS AVENUE	10275 COLLINS AVENUE			
BAL HARBOUR, FLORIDA 33154	BAL HARBOUR, FLORIDA 33154			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's The name and the Florida street address of the registered agent are: ELLEN R. WEINTRAUB Name		Signature	05 JUN - I	
10275 COLLINS AVENUE				
Florida street address (P.O. Box NOT acceptable)		· "	<u>:</u>	فمعين "
BAL HARBOUR, FLORIDA 33154			8	
City, S	tate, 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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	ELLEN R. WEINTRAUB
	10275 COLLINS AVENUE
	BAL HARBOUR, FLORIDA 33154
	المراق المراقع والمراوع والمستعمل المراقع المر
(Use attachment if necessary)	
NOTE: An additional article must l	be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member	Of an authorized representative of a member.
(In accordance with sect	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
ELLEN R. WEINTRA	
Тур	ed or printed name of signee

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)

ARTICLE V – EFFECTIVE DATE

The effective date shall be five days prior to the filing date.