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TALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Affinity Lan Consultants, 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:
DAMIEN J. Johnson (Name of Person)
(Name of Person)
Affinity LUAN CONSULTANTS, LLC (Firm/Company)
(came company)
10304 FAICON PARE BIVE #205 (Address)
ORlando, Florida 30832 F N (City/State and Zip Code)
For further information concerning this matter, please call:
DAMIEN J. Johnson at (404) 895-0159 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is:
Affinity Loan Cinsultants (Must end with the words "Limited Liability Company, "Lin	s, lle
(Must end with the words "Limited Liability Company, "Lin	mited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10304 FAICUN PARC BIVD. #305 Orlando, Florica 32832	SAME
Orlando, Florida 32832	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	THE P. III
The name and the Florida street address of the	The state of the s
Incorp Service	LS, INC. — BIT 59
Nan	ne 🗡
18450 NE 2nd /	Avenue
Florida street a	address (P.O. Box NOT acceptable)
MiAMi	FL 33179
City, State	e, and Zip
77 1 7 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1	

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Max "MGRM" = M	nager Aanaging Member	Name and Address:
MGR		DAMIEN J. JOHNSON 10304 FAICON PARC Blud. # 20 OKLANDO, Florida 32832
MGRM		TARNEE D. Springfield 222 West Oaks Place Wood Stock, GEORGIA 3018
		For Fr
(Use attachme	ent if necessary)	
LE V: Effecti fective date is days after the	ve date, if other than the	e date of filing: (OPTI be specific and cannot be more than five busines
LE V: Effecti ffective date is days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE:	e specific and cannot be more than five busines. J. Johnne
LE V: Effecti ffective date is days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with se	J. Johnner J. Johnner than five business. er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)