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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 Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Lles Only	



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COVER LETTER

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TO:

Registration Section

Division of C	'orporations			
SUBJECT:	VANCOUVER	LOAN HOLDINGS	s, LLC	
	(Name of Limited	d Liability Company)		-
The enclosed Articles	of Organization and fee(s) are so	ubmitted for filing.		
Please return all corres	spondence concerning this matte	er to the following:		
	JEFFREY	KUKES		
	(1	Name of Person)		
	JJK MANA	AGER, INC.		ţ.
	(Firm/Company)	-	
	16410 MADDA	LENA PLACE		
		(Address)		<u> </u>
D	ELRAY BEACH	FLORIDA 3344	46	
	(City	/State and Zip Code)		EX.
For further informatio	n concerning this matter, please	call:		AF STA
JEFFREY KU	IKES	at (561) 496-21 (Area Code & Daytime T	23	77
(Nar	ne of Person)	(Area Code & Daytime To	elephone Number)	ORDS STATE S
Enclosed is a check	for the following amount:			- حبي
✓ \$125.00 Filing Fee	e \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	tus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	nns · Circle	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VANCOUVER LOAN HOLDINGS, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "L.C." or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

16410 MADDALENA PLACE

DELRAY BEACH FLORIDA 33446

16410 MADDALENA PLACE
DELRAY BEACH FLORIDA 33446

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JEFFREY KUKES

Name

16410 MADDALENA PLACE

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

DELRAY BEACH

_{FL} 33446

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	JJK MANAGER, INC. 16410 MADDALENA PLACE DELRAY BEACH FLORIDA 33446
(Use attachment if necessary)	A SECOND AND THE SECO
O days after the date of filing.)	ate of filing: (OFIJONAL) specific and cannot be more than five business days STATE OFIJONAL SPECIFIC AREA OFIGURA OFI
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.
(In accordance with section of this document constituent that the facts stated here	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)
	FFREY KUKES ed or printed name of signee

ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

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

Filing Fees:

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