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, Warwi	ck, R.I. 02888	
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(Cit	y/State/Zip/Phone	e#)
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PFG 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:	
* Salvatore Petrilli (Name of Person)	
(Name of Person)	
PTG Lending, LLC	١
100 JeFForson Blud Suite 100 皇帝	-77
Warnick RI 02888	
(Firm/Company) 100 Jefforson Blvd Svi7+ NO (Address) Warwick RT 02888 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Salvatore Petrilli at (401) 384-6970 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Status} \$130.00 Filing Fee & \text{Status} \$\ \text{Certified Copy} \$\ \text{(additional copy is enclosed)} \$\ (additional copy is e	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 10, 2006

PFG'LENDING LLC 100 JEFFERSON BOULEVARD STE 100 WARWICK, RI 02888

SUBJECT: PFG LENDING LLC Ref. Number: W06000035326

Upon receipt of your letter and/or check(s) totaling \$125.00, no document was found. Please send your document with any fees due to: ≥

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

Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 806A00049768

FILE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	CI	Æ	I-	Na	me:

The name of the Limited Liability Company is:

PFG Lending, LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," 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:	
L PFG Lending LLC & SAME #5 100 Jefferson Blud Suitu 100 WOVWICK, NI 02888	06 AUG
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.)	23 AM 10:08
The name and the Florida street address of the registered agent are: Luciano Fidalop Name	80:
Florida street address (P.O. Box NOT acceptable) Lake Mony FL \$ 3774-6 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.

Huciano Sidalgo
Registered Agent's Signature (REQUIRED)

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
"MGRM" = Managing Member	Salvature Petrilli 20 Sage Dr Warwick RI 02886	
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(Use attachment if necessary)	TILED 23 AM IO: 08 TARY OF STATE ASSEE FLORIDA	ì
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be sto or 90 days after the date of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior	
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.)

Typed 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)