# (Requestor's Name)

(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP		MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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# **COVER LETTER**

TO: Registration Section Division of Corporations

# SUBJECT: Pryde Funding 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:

Adam Wa	sserman					
	(	Name of Person)		,		1
Pryde Fun			TALL	2000		
	(	Firm/Company)	HA	R C	Carl and	
<u>1504 Bay</u>	Road #2602		SSE	-4 ARY		
		(Address)			D	
Miami Be	ach FL 33139			2: 4		
	(City	/State and Zip Code)	 			1
For further information	concerning this matter, please					
Adam Wassern		- ^^	4-8229			
(Name	of Person)	(Area Code & Day	ytime Telephone N	umber)		
Enclosed is a check fo	r the following amount:					
S125.00 Filing Fee		✓ \$155.00 Filing F		0.00 Filing		
	Certificate of Status	Certified Copy (additional copy is enclo	sed) Certifi	cate of Statu: ed Copy al copy is encl		
	<u>Mailing Address</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Registration Sect Division of Corr Clifton Building 2661 Executive	tion porations		<b>.</b>	····
		Tallahassee, FL		•		·

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

### **Pryde Funding 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:

1504 Bay Road #2602 Miami Beach FL 33139	Þ.s	······	• " -
Miami Beach FL 33139	Ās		• _
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	晶RY OF	l or ahother	
	DE	2 <sup>4</sup>	
<u>-</u>			
dress (P.O. Box <u>NOT</u> acceptable	)		
<sub>FL</sub> 33139			
and Zip			
	tered Agent. You must designate an egistered agent are: dress (P.O. Box <u>NOT</u> acceptable FL 33139	registered agent are:	registered agent are:

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

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

The name and address of each Manager or Managing Member is as follows:

### Title:

Î

### Name and Address:

"MGR" = Manager "MGRM" = Managing Member

MGR

Adam Wasserman 1504 Bay Road #2602 Miami Beach FL 33139

TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>9/30/2006</u> (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Adam Wasserman

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)