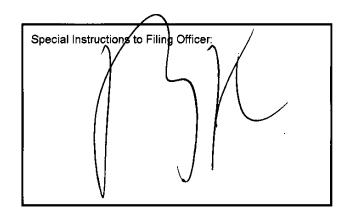
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	(Requestor's Name)	
	(A dd====)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)
PICK-U	P WAIT	MAIL
	(Business Entity Name	
	(Decument Number)	
	(Document Number)	
Certified Copies	Certificates or	Status



Office Use Only



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EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101 Address

CORAL GABLES, FL 33134 City/State/Zip (305) 444-4994

Phone #

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OFFICE USE ONLY

CORPORATION NAME(S) &	DOCUMENT NUMBER(S) (if known):
	\wedge	

1.	Global	Lending	1 Jource	e, LLC	
2.	(Co	orporation Name))	(Document #)	
3.	(Co	rporation Name)		(Document #)	
J. 4.	(Co	rporation Nama)		(Document #)	···
┱.	(Cor	poration Name)		(Document #)	
	☐ Walk in	Pick up time		Certified Copy	
	Mail out	Will wait	Photocopy	Certificate of Status	

NEW FILINGS
Profit
NonProfit
Limited Liability
Domestication
Other

	AMENDMENTS 2
. !	Amendment
	Resignation of R.A., Officer/Director
	 Change of Registered Agent
	Dissolution/Withdrawal
	Merger

¥*()	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY **ARTICLE I - Name:** The name of the Limited Liability Company is: GLOBAL LENDING SOURCE, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** 14901 SW 4 STREET 14901 SW 4 STREET UNIT: 4 UNIT: 4 PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027 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: **JORGE CORREA** Name 14901 SW 4 STREET Florida street address (P.O. Box NOT acceptable) PEMBROKE PINES, 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

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 Mem	her
WORM Winding Won	1061
MGRM	ROSE CAMPBELL
	14901 SW 4 STREET UNIT: 4
	PEMBROKE PINES, FL 33027
MGRM	JORGE CORREA
	14901 SW 4 STREET UNIT: 4
	PEMBROKE PINES, FL 33027
(Use attachment if necessary	(v
(Ose attachment if necessar)	1)
LEV: Effective date, if other	er than the date of filing: (OPTIONA
	te must be specific and cannot be more than five business day
days after the date of filing	<u>-</u>
REQUIRED SIGNATURE	₫:
	Frank P
Signature o	of a member or an authorized representative of a member.
_	
(In accordar	nce with section 608.408(3), Florida Statutes, the execution

Filing Fees:

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

that the facts stated herein are true.)

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

JORGE CORREA
Typed or printed name of signee