

LV7000040367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

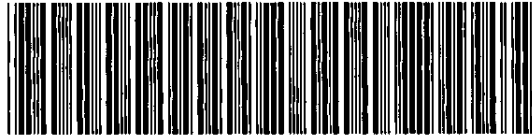
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

BK

Office Use Only



600095513466

04/17/07--01002--016 **155.00

RECEIVED

07 APR 16 PM 4:20

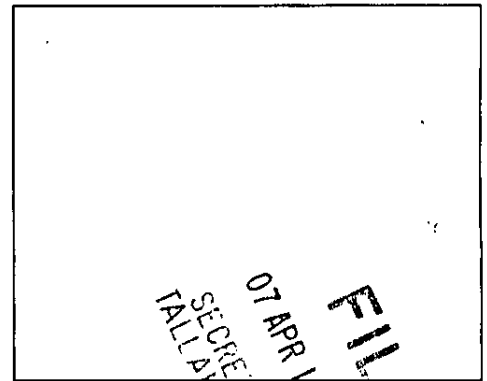
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

07 APR 16 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)656-6446



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

1. CAPITAL LOAN B OF A LLC

CK# 2520

AMOUNT \$155.00

PLEASE FILE THE ATTACHED ARTICLES OF ORGANIZATION & RETURN THE FOLLOWING:

☒ XXX CERTIFIED COPY

☐ STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials

FILED
07 APR 16 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
CAPITAL LOAN B OF A LLC
a Florida limited liability company**

**ARTICLE 1
NAME**

The name of this limited liability company is Capital Loan B OF A LLC, a Florida limited liability company.

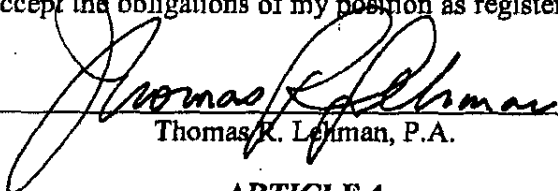
**ARTICLE 2
ADDRESS**

The mailing address and street address of the principal office of the limited liability company is 21400 NW 2nd Avenue, Miami, FL 33169 or at such other location as may hereafter be determined by the Sole Member.

**ARTICLE 3
REGISTERED AGENT, REGISTERED
OFFICE AND REGISTERED AGENT'S SIGNATURES:**

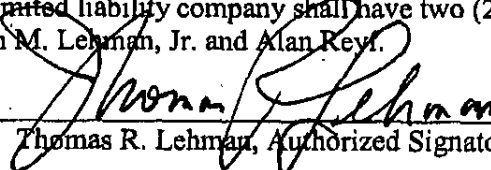
The name and the Florida street address of the registered agent is: Thomas R. Lehman, P.A. whose address is c/o Tew Cardenas LLP, 1441 Brickell Avenue, 15th Floor, Miami, FL 33131.

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 property 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.


Thomas R. Lehman, P.A.

**ARTICLE 4
MANAGEMENT AND MEMBERS**

The limited liability company is to be managed by the managing member and the name of the managing member is William M. Lehman, Jr. whose address is 21400 NW 2nd Avenue, Miami, FL 33169. The limited liability company shall have two (2) members and the names of the members are: William M. Lehman, Jr. and Alan Revt.


Thomas R. Lehman, Authorized Signatory

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)