

W07000063219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

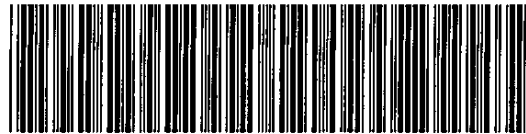
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100103834521

06/06/07--01034--004 **125.00

FILED

2007 JUN 14 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W07-63219
AK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2007

AARON CHASSE
8550 ARGYLE BUSINESS LOOP UNIT 1701
JACKSONVILLE, FL 32244

SUBJECT: LENDING SERVICES, LLC
Ref. Number: W07000027124

We have received your document for LENDING SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 907A00038848

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 JUN 14 AM 10:53

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lending Services, 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:

Aaron Chasse

(Name of Person)

Lending Services, LLC

(Firm/Company)

8550 Argyle Business Loop Unit 1701

(Address)

Jacksonville, FL 32244

(City/State and Zip Code)

2007 JUN 14 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Aaron Chasse

(Name of Person)

at (386) 717-2951

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lending Services, 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:

8550 Argyle Business Loop

Unit 1701

Jacksonville, FL 32244

Mailing Address:

8550 Argyle Business Loop

Unit 1701

Jacksonville, FL 32244

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:

Aaron Chasse

Name

8550 Argyle Business Loop Unit 1701

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

Jacksonville

FL 32244

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

2007 JUN 14 AM 10:53
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Aaron Chasse MGR

8550 Argyle Business Loop

Unit 1701

Jacksonville, FL 32244

Janel Gray MGRM

8550 Argyle Business Loop

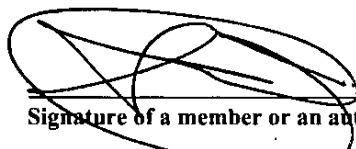
Unit 1701

Jacksonville, FL 32244

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Aaron Chasse

Typed or printed name of signee

FILED
2007 JUN 14 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)