

L080000043581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

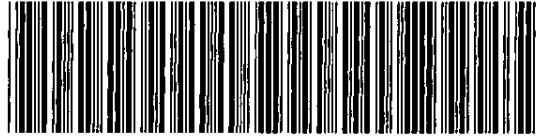
Special Instructions to Filing Officer:

A. LUNT

MAY - 1 2008

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JACK W. CROOKS
Attorney at Law
Post Office Box 10339
Tampa, Florida 33679- 0339

Phone (813) 817-3281

Fax (813) 831- 2910

April 25, 2008

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

SUBJECT: ARTICLES OF ORGANIZATION FOR
EOS LENDING SERVICES, LLC. &
FILING FEES

Dear Sir:

Please find the enclosed the Articles of Organization for EOS Lending Services, LLC. and the fee(s) which are submitted for filing.

Return all correspondence and direct any questions concerning this matter to the above captioned office.

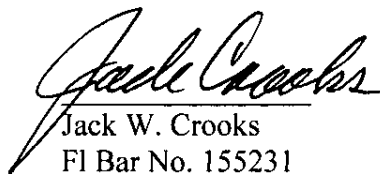
For additional information concerning this matter, please call: Jack W. Crooks, Attorney at Law, at (813) 817-3281.

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(Additional copy enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee
Certificate of Status &
Certified Copy
(Additional copy enclosed) |
|--|---|--|--|

Thanking you in advance for your assistance, I remain,

Sincerely yours,


Jack W. Crooks
Fl Bar No. 155231

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

NAME:

The name of the Limited Liability Company is:

EOS Lending Services, LLC.

ARTICLE II

ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principle Office Address:

Mailing Address:

EOS Lending Services, LLC.

EOS Lending Services, LLC.

7520 West Waters Avenue, Suite 5

7520 West Waters Avenue, Suite 5

Tampa, Florida 33634

Tampa, Florida 33634

ARTICLE III

**Registered Agent, Registered Office
& Registered Agent's signature**

The name and the Florida street address of the registered agent are:

Jack W. Crooks, Attorney at Law

2913 West Gandy Boulevard

Tampa, Florida 33611

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

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TALLAHASSEE, FLORIDA

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name & Address:

"MGRM"

Charlie Cadrecha

311 Glen Burnie Avenue

Tampa, Florida 33617

ARTICLE V
EFFECTIVE DATE

Effective date of the above limited liability company is May 1, 2008

REQUIRED SIGNATURES

(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.)



Signature of a member or an authorized representative of a member.

Charles Cadrecha

Printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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