L09000085421

(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:	
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SECRETARY OF STATE
AND A SSEE FLORIDA

J. BRYAN

SEP - 3 2009

EXAMINER

Registration Section

COVER LETTER

DIAMPED OF C	Corporations			
SUBJECT:	Last	Stop Funding,	LLC	n '
		ted Liability Company		ά Ω.
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	H P	ET AST
Please return all corre	spondence concerning this man	ter to the following:	•	کیار ت
		Don Gaskins		LOK
		Name of Person		7
·	Whiddan En	Firm/Company	ENT, INC	
	422	0 Whidden Blvd	UNIT H	
		Address		
	Port (Charlotte, FI 3398	33	
		ty/State and Zip Code		
	E-mail address: (to be used	V@ Whidds	NENT. COM.	<u></u>
For further information	n concerning this matter, pleas		notilization)	
	on Gaskins	_at (941)_	380 - 0111 Daytime Telephone Number	
Nam	e of Person	Area Code &	Daytime Telephone Number	
Enclosed is a check	for the following amount:			
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is	Certificate of Status	&
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Buil	Corporations iding tive Center Circle	

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPARY
	SER SER
ARTICLE I - Name:	三二
The name of the Limited Liability Comp.	any is:
· -	THE PERSON IN
l 01	To To To
Last Stop	Funding, LLC
(Must end with the words "Limit	tod Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	Tr
	f the principal office of the Limited Liability Company is:
	the principle office of the Diffice Diability Company is.
Principal Office Address:	Mailing Address:

4220 Whidden Blvd. UNIT H	4220 Whidden Blvd. UNIT H
Port Charlotte	Port Charlotte
Florida 33989	Florida 3398#
business entity with an active Florida registration.) The name and the Florida street address of	wn Registered Agent. You must designate an individual or another of the registered agent are: on Gaskins
	Name
	T T T T T T T T T T T T T T T T T T T
4220	Whidden Blvd. UNITH
Florida street addre	ss (P.O. Box NOT acceptable)
Port Charlotte	e _{FL} 33980
	State, and Zip
liability company at the place designate registered agent and agree to act in this c statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all olete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S
Registered Agent?	s Signature (REQUIRED)
	- , ,

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	至而
"MGRM" = Managing Member	ASS.
MGR	James Noble
	13224 Spring Hill Dr.
	SPRING HILL, ff. 34609
MGR	Gordon Smith
	4220 WHIDDEN BI VD
	PORT CHAROLTTE, FL 33983
	Torrest
	4220 WHIDDEN BI VD
	PORT CHAROLTTE, FL 33983
MGRM	
INOLIN	DON GASKINS
	4220 WHIDDEN BLVD
(Use attachment if necessary)	PORT CHAROLTTE, FL 33983
LEV: Effective date, if other than the	
fective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five business days
	/
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	in Nel
Lier	ber or an authorized representative of a member.
Signature of a mean	section 608.408(3), Florida Statutes, the execution
Signature of a mean	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury
Signature of a mean (In accordance with a of this document con that the facts stated h	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury herein are true.) Donald Gaskins
Signature of a mean (In accordance with a of this document con that the facts stated h	section 608.408(3), Florida Statutes, the execution assistances an affirmation under the penalties of perjury therein are true.)

\$ 5.00 Certificate of Status (Optional)