

L09000099/94

(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:

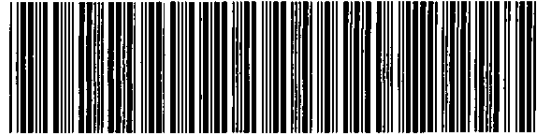
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A. LUNT

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EXAMINER

Office Use Only



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08/28/09--01013--006 **70.00

10/02/09--01024--001 **55.00

2009 Sep 30 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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W09000038801



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2009

JON HIRSCH
19501 W COUNTRY CLUB DR. #912
AVENTURA, FL 33180

SUBJECT: CAPITAL LENDING GROUP, LLC
Ref. Number: W09000038801

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TALLAHASSEE, FLORIDA

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We have received your document for CAPITAL LENDING GROUP, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable. **Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of 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) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 909A00028947

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Capital Lending Group, 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:

Jon Hirsch
Name of Person

Capital Lending Group, LLC
Firm/Company

P.O. Box 801621
Address

Aventura, FL 33280
City/State and Zip Code

jon@emailaccount.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon Hirsch at (305) 978-9433
Name 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
- \$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

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TALLAHASSEE FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Capital Lending Group, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

20201 E Country Club Dr Ste 407
Aventura, FL 33180

P.O. Box 801621
Aventura, FL 33280

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:

Jon Hirsch

Name

20201 E Country Club Dr Ste 407

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

Aventura, FL 33180 FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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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)

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:

MGR

Jon Hirsch

P.O. Box 801621

Aventura, FL 33280

(Use attachment if necessary)

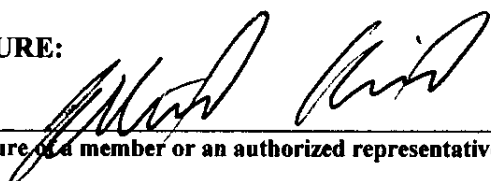
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ARTICLE V: Effective date, if other than the date of filing: 9-30-09 (OPTIONAL)

(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.)

Jon Hirsch

Typed or printed name of signee

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)