

L09000109452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

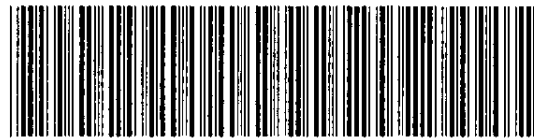
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800162607078

12/03/09--01002--003 \*\*25.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

09 DEC -2 PM 3:28

RECEIVED

09 DEC -2 AM 10:10

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

DEC - 3 2009

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: TRI-LENDING GROUP OF FLORIDA, LLC  
Name of Limited Liability Company

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 DEC -2 AM 10:10

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANN BLACK

Name of Person

SMITH THOMPSON SHAW & MANAUSA, P.A.

Firm/Company

3520 THOMASVILLE ROAD, 4TH FLOOR

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANN BLACK

Name of Person

at ( 850 )

893-4105

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 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

**AMENDED AND RESTATED  
ARTICLES OF ORGANIZATION  
OF  
TRI-LENDING GROUP OF FLORIDA, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 DEC -2 AM 10:10

\*\*\*\*\*608.411

The undersigned, pursuant to the provisions of Chapter ~~608~~ 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of amending and restating the Articles of Organization previously filed do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **TRI-LENDING GROUP OF FLORIDA, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **ADDRESS OF PLACE OF BUSINESS.**

The address of the place of business in Florida for the Company is: 3520 Thomasville Road, 4<sup>th</sup> Floor, Tallahassee, Florida 32309. Such address may be changed from time to time as provided in the Operating Agreement.

5. **REGISTERED AGENT AND REGISTERED OFFICE.**

The initial registered agent in Florida for the Company is: W. CRIT SMITH and the initial, registered office is 3520 Thomasville Road, 4<sup>th</sup> Floor, Tallahassee, Florida 32309.

6. **MANAGEMENT.**

The Company is managed by one or more of the members and is, therefore, a member-managed company.

EXECUTED at Tallahassee, Leon County, Florida this 2nd day of December, 2009.

  
\_\_\_\_\_  
W. CRIT SMITH, Agent

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **TRI-LENDING GROUP OF FLORIDA, LLC.**

2. The name of the registered agent and office is: W. CRIT SMITH and the initial, registered office is located at 3520 Thomasville Road, 4<sup>th</sup> Floor, Tallahassee, Florida 32309.

<b>ACKNOWLEDGEMENT</b>
------------------------

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

  
\_\_\_\_\_  
**W. CRIT SMITH, *Registered Agent***