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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Consideration As Ellin Office
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T. HAMPTON
FEB - 1 2010 EXAMINER

COVER LETTER

ГO:	Registration Division of C				
			UNDING GROUP, LL	C	
		Name of Linns	company		
The en	closed Articles	of Organization and fee(s) are	submitted for filing.		
Please	return all corres	spondence concerning this mat	ter to the following:		
		JO	OHN PEZZINO		
		•	Name of Person		
		FIRST FU	INDING GROUP, LLC		
	Firm/Company				
8951 BONITA BEACH RD SE SUITE 525-311					
			Address		
		BONITA	SPRINGS, FL 34135		
	City/State and Zip Code				
			IO@FFUNDING.COM for future annual report notification)		
For fur	ther information	n concerning this matter, pleas	·		
	JOH	N PEZZINO		495-0067	
	Name	e of Person	Area Code & Daytime To	elephone Number	
Enclos	sed is a check t	for the following amount:			
\$125	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
FIRST FUNDING GROUP, LLC	
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")	

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
8951 BONITA BEACH RD SE	8951 BONITA BEACH RD SE
SUITE 525-311	SUITE 525-311
BONITA SPRINGS, FL 34135	BONITA SPRINGS, FL 34135

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:

JOHN PEZZINO				
Name				
8951 BONITA BEACH RD SE SUITE 525-311				
Florida street address (P.O. Box NOT acceptable)				
BONITA SPRINGS FL 34135				
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. Section 1.

Registered Agent's Signature (A)QUIRED

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u>		Name and Address:					
"MGR" = Manager							
"MGRM" = Mana	aging Member						
MGRM		STUART MONTGOMERY					
		2212 PAGET CIRCLE					
		NAPLES, FL 34112					
MGRM		JOEL OPPENHEIM					
	_	4248 MONTALVO COURT					
		NAPLES, FL 34109					
	_						
	_						
(Use attachment i	f necessary)						
ARTICLE V: Effective d	late, if other than the dat	e of filing: (O	PTIONAL)				
(If an effective date is list	ed, the date must be sp	ecific and cannot be more than five busi	ness days prior				
to or 90 days after the da	te of filing.)						
REQUIRED SIG	SNATURE:	. 1					
	Vala						
	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.)							
	J	OHN PEZZINO					
		or printed name of signee	، ت				
Filing Fees:			TVIS 10				

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE