L10000014977

•
(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· ·

Office Use Only



400167262714

Effective Date 02 0/ 10

02/08/10--01041--018 **130.00

FILED

10 FEB -8 PH 3: 37

SECRETARY OF STATE OF STATE

J. BRYAN

FEB - 9 2009

EXAMINER

COVER LETTER

		andawy Einanaial	
SUBJECT:		endguy Financial ited Liability Company	
	Name of Billi	tod Diability Company	
The enclosed Artic	es of Organization and fee(s) are	submitted for filing.	
Please return all co	respondence concerning this ma	tter to the following:	
		Michael Morton	
- · · · · ·		Name of Person	
		Firm/Company	SE
	33 4th 5	St. North Suite 200 A	CR.
		Address	ETARY HASSE
 		etersburg, FL 33701	
		ity/State and Zip Code	FLOOR
	E-mail address: (to be used	rton@lendguy.com for future annual report notification	- La
For further informa	tion concerning this matter, pleas	se call:	
М	ichael Morton	at (866)	536-3489
N	arne of Person	Area Code & Daytime To	elephone Number
Enclosed is a chec	ck for the following amount:		
\$125.00 Filing Fo	ee \$\square\$\$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Lendguy Fina	ancial LLC
	ability 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: Effective Date 02/01/6
Principal Office Address:	Mailing Address:
33 4th St. North Suite 200 A Saint Petersburg, FL 33701	33 4th St. North Suite 200 A Saint Petersburg, FL 33701
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are:
Michae	Morton SSA
Nan	me TT_
33 4th St. No	rth Suite 200 A
Florida street address (P.	O. Box NOT acceptable)
Saint Petersburg 3370	01 _{FL}
City, State	e, 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.S..

Registered Agent's Signature (REOUIRED)

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manage "MGRM" = Mana		Name and Address:			
MGR	<u>.</u>	Michael Morton			
		33 4th St. North Suite 200 A Saint Petersburg, FL 33701			
Westerna	_				
			BECH PLL'A	10 F	
	_		HASS	FEB -8	
	_		Y OF	PH	İ
			- RET	ယ္ မ	C
(Use attachment if	necessary)		D		
	ed, the date must be	date of filing: February 1, 2010 . (e specific and cannot be more than five bu			rior
REQUIRED SIG	NATURE:				
	May	Mas :			
;	Signature of a membe	r or an authorized representative of a member.			
	(In accordance with sec of this document const that the facts stated her	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ein are true.)			
		Michael Morton			
	Ty	ped or printed name of signee			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Filing Fees: