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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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(Business Entity Name)

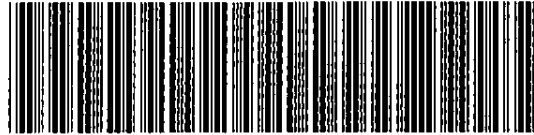
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2010 FEB 19 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB 22 2010

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NATIONAL LOAN & DEBT SOLUTIONS 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:

JARRA MICHELE STERN
Name of Person
NATIONAL LOAN & DEBT SOLUTIONS LLC
Firm/Company
2662 W. VINA DEL MAR BLVD.
Address
ST. PETE BEACH FL. 33706
City/State and Zip Code
bstern9999@901.com
E-mail address: (to be used for future annual report notification)

2010 FEB 19 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FL 32310

For further information concerning this matter, please call:

JARRA STERN at 727-954-5442
Name of Person Area Code & Daytime Telephone Number
813 833-2016

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NATIONAL LOAN & DEBT SOLUTIONS 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:

2662 W. VINA DEL MAR Blvd
ST. PETE BEACH, FL. 33706

2662 W. VINA DEL MAR Blvd.
ST. PETE BEACH FL. 33706

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:

JARMA M. STERN
Name

2662 W. VINA DEL MAR Blvd.
Florida street address (P.O. Box NOT acceptable)

ST. PETE BEACH FL. 33706
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.S..

JARMA M. STERN
Registered Agent's Signature (REQUIRED)

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.

BARA M. STEIN
2662 W. VINA DEL MAR Blvd.
ST PETE BEACH, FL 33706

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:

BARA M. STEIN
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.)

BARA M. STEIN
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)