

L110000037450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

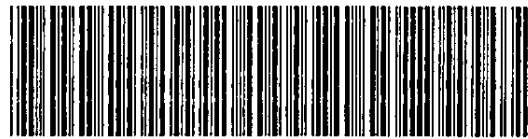
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400198361764

Effective Date 03/28/11

03/28/11--01046--027 **130.00

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11 MAR 28 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 29 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OWNER FINANCE AMERICA Holdings, 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:

LORRI ENGLISH

Name of Person

OWNER FINANCE AMERICA Holdings, LLC

Firm/Company

15264 Hennipen Cir.

Address

Port Charlotte, FL. 33981

City/State and Zip Code

lorrienglish@yahoo.com

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

For further information concerning this matter, please call:

LORRI ENGLISH

Name of Person

at (989) 615-7575

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OWNER Finance America Holdings 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:

15264 Hennipen Cir.
Port Charlotte, FL 33981

Mailing Address:

P.O. Box 3314
Placida, FL
33946

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.)

Effective Date 03/28/11

The name and the Florida street address of the registered agent are:

LORI ENGLISH

Name

15264 Hennipen Cir.

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

Port Charlotte, FL 33981

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Lori English

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:

MGRM

LORRI ENGLISH
15264 Hennipen Cir.
Port Charlotte, FL 33981

MGR

TIMOTHY ENGLISH
15264 Hennipen Cir.
Port Charlotte FL 33981

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ARTICLE V: Effective date, if other than the date of filing: MARCH 28th 2011 (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:

Lorri English
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

LORRI ENGLISH
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)