

L120000 60412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

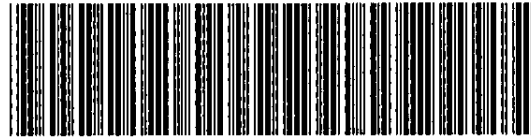
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/02/12--01037--014 **125.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY - 2 AM 10:08

MAY - 4 2012

T. HAMPTON

LAW OFFICES
BRADFORD E. BLOCK

PHONE (847) 559-0860
FAX (847) 559-0861

400 SKOKIE BOULEVARD
SUITE 380
NORTHBROOK, ILLINOIS 60062

E-mail:
bblock@blocklawoffices.com

April 24, 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Lease Finance Funding, LLC

Ladies and Gentlemen:

Enclosed please find the Articles of Organization that are being submitted for filing for Lease Finance Funding, LLC. Additionally, we have included a check for the amount of the \$125 filing fee.

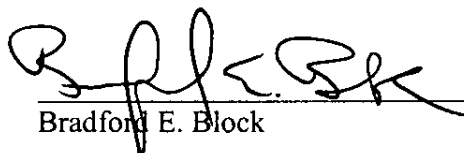
All correspondence should be returned to:

Law Offices of Bradford E. Block
400 Skokie Blvd.
Suite 380
Northbrook, IL 60062

Please contact our office at should you have any questions.

Very truly yours,

Law Offices of Bradford E. Block


Bradford E. Block

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lease Finance Funding, 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:

2223 Falling Acorn Circle
Lake Mary, FL 32746

Mailing Address:

2223 Falling Acorn Circle
Lake Mary, FL 32746

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:

James S. Mulkey

Name

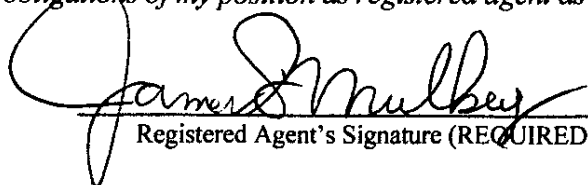
2223 Falling Acorn Circle

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

Lake Mary FL 32746

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

James S. Mulkey

2223 Falling Acorn Circle

Lake Mary, FL 32746

(Use attachment if necessary)

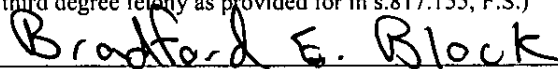
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:


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.)



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)

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