L12000/43002

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





800241167768

11/09/12--01006--019 **130.00

MEDINISION OF CORPORATIONS

C. LEWIS

NOV 1 3 2012

EXAMINER

(850) 245-6051.

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Commercial Financial 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:

Vern Dwight	N/ CD	
	Name of Person	
Lenders Technical	Assistan	ce, LLC
	Firm/Company	·
8107 Planters Kno	II Terrace	
	Address	
University Park, FL	34201	
	City/State and Zip C	ode
vdwight1@hotmail.com		
E-mail address: (to be	used for future annual r	eport notification)
her information concerning this matter, p	lease call:	
ol Dahlin	.941	302-4329

Name of Person

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
266! Executive Center Circle
Tallahassee, FL 32301

Area Code & Daytime Telephone Number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Commercial Financial	Solutions II C		
	ust end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	-
ARTICLE II - A			
i ne mailing addre	ss and street address of the p	principal office of the Limited Liability (Company is:
Principal Office	Address:	Mailing Address:	
8107 Planters Knoll Te	rrace, University Pk, FL 34201	8107 Planters Knoll Terrace, University Pk, FL 34201	<u> </u>
			
			_
(The Limited Liability C	ompany cannot serve as its own Regi	d Office, & Registered Agent's Signat stered Agent. You must designate an individual or an	
business entity with an	active Florida registration.)		•• <u>•</u>
The name and the	Florida street address of the	registered agent are:	HE NOV -9
	Vern Dwight		8 23
	Namo		OF C
	8107 Planters Knoll Terrace		- D P P
		Idress (P.O. Box NOT acceptable)	79.3 × 5
	University Park, FL 342		CORPORATIONS
		tate, and Zip	, - **
	•	•	
		accept service of process for the above s	
		this certificate, I hereby accept the appo- city. I further agree to comply with the p	
-	-	te performance of my duties, and I am fa	
		egistered agent as provided for in Chapte	
-			

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	h Manager or Managing Member is as follows: ### PROPERTY OF STA **STATE OF CORPORATION OF CORP
"MGR" = Manager	2種税 NOV −9 PM 2:
"MGRM" = Managing Mem	ber
MGRM	Lenders Technical Assistance, LLC
	8107 Planters Knoll Terrace
	University Park, FL 34201
MGR	Carol Jean Dahlin, LLC
	3120 Southgate Circle
	Sarasota, FL 34239
(Use attachment if necessary)
•	
LE V: Effective date, if other	than the date of filing: (OPTIONAL)
CLE V: Effective date, if other	than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business
CLE V: Effective date, if other	than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business
CLE V: Effective date, if other effective date is listed, the dot or 90 days after the date of	than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business of filing.)
LE V: Effective date, if other	than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business of filing.)
LE V: Effective date, if other of the date is listed, the doton or 90 days after the date of	than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business of filing.)
LE V: Effective date, if other of the date is listed, the doton or 90 days after the date of	than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business of filing.)
CLE V: Effective date, if other effective date is listed, the dot or 90 days after the date of REQUIRED SIGNATURE	than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business of filing.)
CLE V: Effective date, if other effective date is listed, the do or 90 days after the date of EEQUIRED SIGNATURE Signature of	than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business of filing.) The specific and cannot be more than five business of the specific and cannot be more than fi
CLE V: Effective date, if other effective date is listed, the do or 90 days after the date of SIGNATURE SIGNATURE (In accordance with constitutes an affirm	than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business filing.) Ta member or an authorized representative of a member. The ection 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other effective date is listed, the do or 90 days after the date of EREQUIRED SIGNATURE Signature of the constitutes an affirm I am aware that any in the constitutes and its consti	than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business of filing.) Ta member or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. also information submitted in a document to the Department of State
CLE V: Effective date, if other effective date is listed, the do or 90 days after the date of SIGNATURE Signature of Classical Constitutes an affirm I am aware that any in the constitutes an affirm I am aware that any in the constitutes and signature of the constitutes are constituted as a constitute of the constitutes and signature of the constitutes are constituted as a constitute of the constitutes are constituted as a constitute of the constitutes and constitutes are constituted as a constitute of the constitutes and constitutes are constituted as a constitute of the constitutes are constituted as a constit	than the date of filing:

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

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