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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

B. BOSTICK
AUG - 7 2013
EXAMINER

(850) 245-6051.
COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: First Coast Legal Funding, LoLC. 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:
James Hunt Name of Person
Name of Person
Firm/Company
9125 Milton Drive
Audiess
Jacksonville, FC, 32226
Jacksonville, FC, 32226 City/State and Zip Code jshunte bellsouth net
E-mail address: (to be used for future annual report notification)
For forther information concerning this protter plages call.
James Hunt at (704) 400-5895 22 22
Name of Person Area Code & Daytime Telephone Number 27 80

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$\text{Certificate of Status}\$

e & 🗀\$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:

First Cocst Logal Funding, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

Jacksonville, FC 32226 Jacksonville,	Drive , FE 3.	: : :	, 3
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an ind business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	ividual or and		N an e y
James Hunt	AHASS	1 U6 −6	
9125 Milton Drive		3	, , , , , , , , , , , , , , , , , , ,
Florida street address (P.O. Box NOT acceptable) School Ville FL 32226 City, State, and Zip	ORIO)	2: 38	

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)

Page 1 of 2

Name and Address: James Hunt 9125 Milton Drive Joseph Sonville, FC 32226
9125 Milton Drive
Jodsonville, FC 32226
ZO13 AU
ASST 6
PA 2:
<u> </u>
date of filing: (OPTIONAL be specific and cannot be more than five busine
,
res Ht
or an authorized representative of a member.
to8(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. It is submitted in a document to the Department of State as provided for in s.817.155, F.S.)
,

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)

Typed or printed name of signee