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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JAN 29 AM 9: 2

FEB -3 2019 T. HAMPTOP

COVER LETTER

Division of Corporations
SUBJECT: MY Lending, 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:
Gregg S. Levy, Esq.
Name of Person
McCarthy, Lebit, Crystal & Liffman Co., L.P.A.
Firm/Company
101 W. Prospect Avenue, Suite 1800
Address
Cleveland, Ohio 44115
City/State and Zip Code
gsl@mccarthylebit.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gregg S. Levy, Esq. at 216 Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sqrt{125.00}\$ \text{ for the following amount:} \text{ \$\sqrt{130.00}\$ Filing Fee & \$\text{ \$155.00}\$ Filing Fee & \$\text{ \$160.00}\$ Filing Fee, \$\text{ Certificate of Status}\$
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301



McCarthy, Lebit, Crystal & Liffman Co., L.P.A. Attorneys and Counselors at Law

Thomas E. Stuckart Writer's Ext. 214 tes@mccarthylebit.com 101 WEST PROSPECT AVENUE

SUITE 1800

CLEVELAND, OHIO 44115-1088

TELEPHONE 216.696.1422

FACSIMILE 216.696.1210

WWW, MCCARTHYLEBIT, COM

January 21, 2014

VIA CERTIFIED MAIL: 7012 3460 0001 1555 8161

Florida Department of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

> RE: MY Lending, LLC Articles of Organization

Dear Sir/Madam:

Enclosed please find the following documents for filing with the Florida Department of State:

- 1. Department of State cover letter;
- 2. Articles of Organization for Florida Limited Liability Company; and
- 3. Check in the amount of \$125.00 representing the filing fee.

Please file the Articles of Organization in accordance with your usual and customary procedures and return a time-stamped copy of the same to me in the self-addressed, stamped envelope enclosed for that purpose.

Thank you for your anticipated assistance on this matter. If you have any questions, please feel free to contact me.

Sincerely,

Thomas E. Stuckart

TES/sm Enclosures

cc: Gregg S. Levy, Esq. (w/o enclosures / via e-mail)

{00552358-1}

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MY Lending, LLC		
	st end with the words '	Limited Liability Company, "L.L.C.," or "LLC.")
(
ARTICLE II - Address:		
The mailing address and s	treet address of the pri	ncipal office of the Limited Liability Company is:
rincipal Office Address	1.	Mailing Address:
1880 South Ocean Blvd.		1880 South Ocean Blvd.
RTICLE III - Register	mpany cannot serve as	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individualisation.)
ARTICLE III - Register The Limited Liability Co nother business entity w The name and the Florida	mpany cannot serve as ith an active Florida re street address of the re	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individugistration.)
ARTICLE III - Register The Limited Liability Co nother business entity wi The name and the Florida	mpany cannot serve as ith an active Florida re	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individugistration.)
ARTICLE III - Register The Limited Liability Co- mother business entity wi The name and the Florida	mpany cannot serve as ith an active Florida re street address of the re artin E. Younker	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individugistration.) egistered agent are:
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ARTICLE III - Register The Limited Liability Co- mother business entity with the name and the Florida Mi 18	mpany cannot serve as ith an active Florida restrect address of the restrict E. Younker 80 South Ocean Bivd. Torida street address (1)	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individugistration.) egistered agent are: Name P.O. Box NOT acceptable)
The Limited Liability Connother business entity with the name and the Florida Market State 18	mpany cannot serve as ith an active Florida restreet address of the readin E. Younker	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individugistration.) egistered agent are: Name

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2014 JAN 29 AM 9: 23

<u>Fitle:</u> 'AMBR" = Authorized Memb	Name and Address:
'MGR" = Manager	er
MGR — Manager	Gregg S. Levy
	6 Foxwood Lane
	Pepper Pike, OH 44124
(Use attachment if necessary)	
E V: Effective date, if other the	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90
(Use attachment if necessary) E V: Effective date, if other the ective date is listed, the date roof filling.) E VI: Other provisions, if any.	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other the ective date is listed, the date rof filling.)	nust be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other the ective date is listed, the date is filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days prior to or 90 A re of a member or an authorized representative of a member.
E V: Effective date, if other the ective date is listed, the date is filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance wi	re of a member or an authorized representative of a member. th section 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other the ective date is listed, the date is filling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature (In accordance with constitutes an after signature)	re of a member or an authorized representative of a member. th section 605.0203 (1) (b), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true.
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Page 2 of 2

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) FILED
2014 JAN 29 AM 9: 23
SECRETARY OF STATE