

L14000050469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



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(Business Entity Name)

(Document Number)

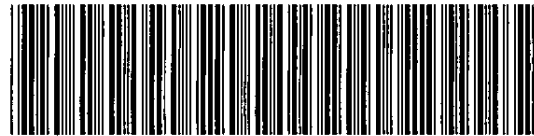
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TALLAHASSEE, FLORIDA

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Student Debt Relief Experts LLC

Signature \_\_\_\_\_

Requested by: SN

3/26/14

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

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\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Student Debt Relief Experts 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:

TIM MCWILLIAMS

Name of Person

STUDENT DEBT RELIEF EXPERTS LLC.

Firm/Company

511 HARBOR CITY BLVD

Address

MELBOURNE, FL 32935

City/State and Zip Code

tim@tmre.com

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

For further information concerning this matter, please call:

TIM MCWILLIAMS 321-961-3900

\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_  
Name of Person 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, FL 32301  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Student Debt Relief Experts LLC.**

**ARTICLE II - Address:**

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

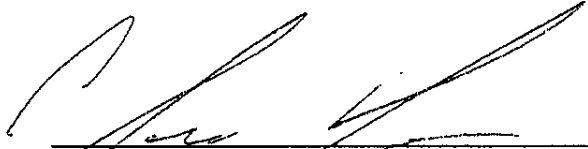
**511 N Harbor City Blvd, Melbourne FL 32935**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Charles Scott Loveridge  
511 N Harbor City Blvd  
Melbourne FL. 32935**

*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)

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The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

**AMBR**

**Tim McWilliams  
511 N Harbor City Blvd  
Melbourne FL. 32935**

**MGR**

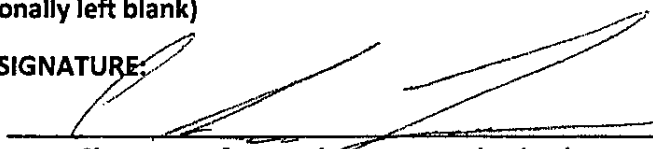
**Charles Scott Loveridge  
511 N Harbor City Blvd  
Melbourne FL. 32935**

(Use attachment if necessary)

**ARTICLE V:** Effective date shall be the date of filing.

**ARTICLE VI:** (Intentionally left blank)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**  
(In accordance with section 605.0203 (1) (b), 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.)

**Charles Scott Loveridge**

\_\_\_\_\_  
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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TALLAHASSEE, FLORIDA

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