

05/19/2014

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TO: 85-517-33 FROM: 3988-10

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAW OFFICE OF NATHAN L. TOWNSEND
Account Number : I20050000145
Phone : (813) 988-5500
Fax Number : (813) 988-5510

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SECRETARY OF STATE
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FLORIDA LIMITED LIABILITY CO.
LENDING ABROAD, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION
OF
LENDING ABROAD, LLC**

ARTICLE I - NAME

The name of the limited liability company is LENDING ABROAD, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:
6530 Moonshell Ct.
Orlando, Florida 32819

Mailing Address:
6530 Moonshell Ct.
Orlando, Florida 32819

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Nathan L. Townsend, P.A.
9385 N. 56th St., Ste. 202
Tampa, Florida 33617

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.



Nathan L. Townsend, P.A.

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

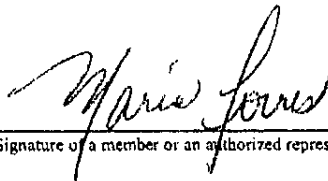
"AMBR" = Authorized Member

Name and Address:

MGR

Maria Torres
6530 Moonshell Ct.
Orlando, Florida 32819

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with section 605.205(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Maria Torres

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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