

12/02/2015 11:55  
DIVISION OF CORPORATIONS

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(FAX)

12/03

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : CIKLIN LUBITZ & O'CONNELL  
Account Number : 076376001447  
Phone : (561)832-5900  
Fax Number : (561)833-4209

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 DEC -2 AM 11:06

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

Email Address: Aciklin@ciklinlubitz.com  
Cmcdermott@ciklinlubitz.com

FLORIDA LIMITED LIABILITY CO.  
LGL LENDING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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0021003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

LGL Lending, LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2401 PGA Boulevard, Suite 200  
Palm Beach Gardens, Florida 33410

2401 PGA Boulevard, Suite 200  
Palm Beach Gardens, Florida 33410

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Alan J. Ciklin

Name

515 N. Flagler Drive, 20th Floor

Florida street address (P.O. Box **NOT** acceptable)


West Palm Beach Florida 33401

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company as 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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APPROVED  
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The name and address of each person authorized to manage and control the Limited Liability Company:

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**Title:**

"AMBR" = Authorized Member

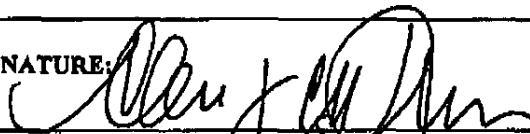
"MGR" = Manager

MGR**Name and Address:**Charles Gusmano2401 PGA Boulevard, Suite 200Palm Beach Gardens, Florida 33410MGRCharles Lomigino2401 PGA Boulevard, Suite 200Palm Beach Gardens, Florida 33410

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.  
  
**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Alan J. Cikin, Authorized Representative

Typed or printed name of signer

**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)