

02-16-16 1:11 PM

847-3-3 8 # 1/ 4

2/24/2016

Division of Corporations

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000048259 3)))



H160000482593ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : Vcorp SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address: statenotices@vcorpservices.com

SECRETARY OF STATE
MAIL ROOM
FEB 25 10:10 AM

16 FEB 25 PM 12:56

FILED

**FLORIDA LIMITED LIABILITY CO.
OTA Lender LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

1/1

02-25-16;12:12PM;

APPROVED
AND
FILED # 2/ 4
;845-818-3588

16 FEB 25 PM 12:56

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OTA Lender LLC

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

ARTICLE II - Address:

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

Principal Office Address:

c/o Jeffrey Zwick & Associates, P.C.

266 Broadway, Suite 403

Brooklyn, NY 11211

Mailing Address:

c/o Jeffrey Zwick & Associates, P.C.

266 Broadway, Suite 403

Brooklyn, NY 11211

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:

Vcorp Services, LLC

Name

5011 South State Road 7, Suite 106

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

Davie

FL

33214

City

State

Zip

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)

FILED

16 FEB 25 PM 12:56

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**Ira Zlotowitz12 Remon LaneLakewood, NJ 08701AMBRZvi Bloom509 Cedar Hill RoadFar Rockaway, NY 11691AMBRJan Rowe83-26 Brevoort StreetJamaica, NY 11415AMBRGilles Gade385 Arbuckle AvenueCedarhurst, NY 11516

(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.

Juliette Nelson

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)

02-25-16; 12:12PM;

; 845-818-3588

4/ 4

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

AMBR

David Goldis

3113 Stirling Road, Suite 102

Davie, FL 33312