

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5388

Please retain original filing
date of submission 3/1

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

Email Address: _____

RECEIVED

16 MAR -3 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
212 Loans of Florida, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

Division of Corporations
Florida Department of State

16 MAR -1 AM 11:33

FILED

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MAR 9 2016
S. GILBERT

3/3/2016 11:29:48 AM From: To: 8506176381(2/6)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 212-LOANS OF FLORIDA, 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:

Name of Person

212 LOANS OF FLORIDA, LLC

Firm/Company

5601 MARINER ST. #104

Address

TAMPA, FL 33609

City/State and Zip Code

LYNN@LOANS212.com

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

For further information concerning this matter, please call:

Lynn Carnes

at (281)

482-5200

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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16 MAR -1 AM 11:33

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

212 Loans of Florida, 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:

Mailing Address:

5601 Mariner St. #104
Tampa, FL 33609

5601 Mariner St. #104
Tampa, FL 33609

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:

NRAI Services, Inc.

Name

1200 South Pine Island Road

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

Plantation FL 33324

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.

C T Corporation System

By: 

Brian McCormick (REQUIRED)

Assistant Secretary

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MOR" = Manager

AMBR

Name and Address:

SCOTT MCCLELLAN

116 10TH STREET

HOUSTON, TX 77008

AMBR

JEREMY COBURN

909 NE LOOP SUITE 100

SAN ANTONIO, TX 78209

AMBR

MARK BLOOM

5057 KELLER SPRINGS ROAD SUITE 300

ADDISON, TX 75001

AMBR

THOMAS KENNEY

308 W PARKWOOD SUITE 108-B

FRIENDSWOOD, TX 77546

(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.

Thomas Kenney

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)

3/3/2016 11:29:48 AM From: To: 8506176381(5/6)

Article IV Attachment Continued

Title:
"AMBR" = Authorized Member
"MGR" = Manager
(Use

AMBR

Name and Address:

J. Michael Rebesch
308 W. Parkwood Suite 108-B
Friendswood, TX 77546

3/3/2016 11:29:48 AM From: To: 8506176381(6/6)

212 LOANS OF FLORIDA, LLC
OWNERSHIP

NETWORTH REALTY USA, LLC 50%

MEMBERS:

SCOTT MC CLELLAN	33 1/3%
JEREMY COBURN	33 1/3%
MARK BLOOM	33 1/3%

INVESTORS SOURCE BROKERAGE 50%

MEMBERS:

THOMAS KENNEY	50%
J. MICHAEL REBESCHER	50%