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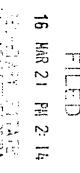
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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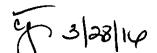
Office Use Only



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COVER LETTER

	Registration Section Division of Corporations			~
. CUDIFO	Right Angle Lending, LLC	,		
SUBJECT		ame of Limited Liabil	lity Company	
The enclo	sed Articles of Organization ar	nd fee(s) are submitted	l for filing.	
Please reti	urn all correspondence concern	ning this matter to the	following:	
	Jamie Zambrana			
		Name of	Person	
	Right Angle Lending, LLC			
		Firm/Co	ompany	
	12161 Ken Adams Way Suit	te 110-C		
		Add	ress	
	Wellington, FL 33414			
		City/State ar	id Zip Code	
•	jamiezambranajr@gmail.com			
	E-mail address:	(to be used for future	annual report notificati	où)
For further	information concerning this ma	atter, please call:		
	Jamie Zambrana	561 at (510-6815	
	Name of Person	Area Code	Daytime Telephone	e Number
Enclosed i	is a check for the following am	ount:		
\$125.00 F		g Fee & \$155.0	00 Filing Fee & Lied Copy and copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section	

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

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

MAR 21 PM 2: 14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:					FILE	ED
The name of the Limited Liabilit	y Company is:			16	MAR 21	PH 2: 14
Right Angle Lending (Must end v		Liability Compan	y, "L.L.C.," or "LLC.")	f _{i, j.}	ARA . C	CF CTATE!
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	ffice of the Limited	Liability Company is:			
Princips	l Office Address:		Mailing Addre	<u>ss</u> :		
12161 Ken Adams W Wellington, FL 3341			61 Ken Adams Way Suite 1 lington, FL 33414	110-C		
another business entity with an a The name and the Florida street a	•					
	12161 Ken Adams W					
	Florida street addres		cceptable)			
	Wellington	FL	33414			
	City	Statë	Zip̃			
Having been named as registered a place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I hereby accept the app ovisions of all statutes r	ointment as register elating to the prope	ed agent and agree to act in r and complete performance	this co	upacity. I duties, and I	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	SEBASTIAN PAUL INVESTMENTS, INC
AMBK	16255 Sierra Palms Drive
•	Delray Beach, FL 33484

	Market Control of the
(Use attachment if necessary)	
ective date is listed, the date must be spot filling.) The date inserted in this block does not ment's effective date on the Department	te of filing: 3/21/2016 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be list of State's records.
ective date is listed, the date must be spot filing.) the date inserted in this block does not ment's effective date on the Department	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be list
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