

L19000063183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

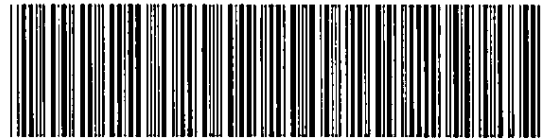
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 13 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Momentum Credit, 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:

Barry E. Haimo, Esq.

Name of Person

Haimo Law

Firm/Company

8201 Peters Road Suite 1000

Address

Plantation, FL 33324

City, State and Zip Code

barry@haimolaw.com

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

For further information concerning this matter, please call:

Barry E. Haimo, Esq.

954

599-7483

at (

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

VIA U.S. MAIL

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: MOMENTUM CREDIT, INC. RELEASE OF NAME; DOC NO.: P18000022582

February 25, 2019

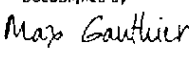
Dear Sir/Madam:

My name is Max Gauthier, founder and president of Momentum Credit, Inc. Enclosed, please find articles of dissolution for Momentum Credit, Inc. and articles of organization for Momentum Credit, LLC.

Please be advised that the shareholders and directors elected to dissolve the corporation and reopen it as a limited liability company with the same name. Please allow this letter to serve as my irrevocable release of the name used so we can refile with the new name "Momentum Credit, LLC".

Please contact me if you have any questions. Thank you for your attention to this matter.

Best Regards,

DocuSigned by:

C:\5940C1585448F
Max Gauthier

February 27, 2019 | 4:26 PM EST

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Momentum Credit, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

6919 W. Broward Blvd. Suite 175
Plantation, FL 33317

Mailing Address:

6919 W. Broward Blvd. Suite 175
Plantation, FL 33317

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:

Max Gauthier

Name

6919 W. Broward Blvd. Suite 175

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

Plantation

FL

33317

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.

DocuSigned by:

Max Gauthier

February 27, 2019 | 4:26 PM EST

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Max Gauthier

6919 W. Broward Blvd. Suite 175

Plantation, FL 33317

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 25, 2019, (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:

DocuSigned by:

Max Gauthier

C759A0C1585A48F

February 27, 2019 | 4:26 PM EST

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 3.817.135, F.S.

Max Gauthier

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)

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TALLAHASSEE, FLORIDA