

L19000094710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

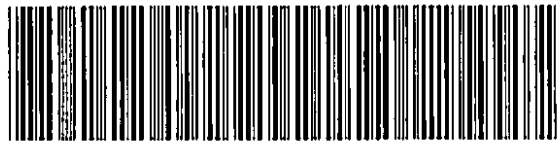
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/10/19--01004--007 **125.00

19 APR 10 PM 12:00

FILED
19 APR 10 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sonsdale Research
Requester's Name

Address

City/State/Zip

Phone #

656-5454

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Student Loan Hotline, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☒ Photocopy

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

- ☐ Public
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Assignment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

**ARTICLES OF ORGANIZATION
OF
STUDENT LOAN HOTLINE, LLC**

**ARTICLE I
NAME**

The name of this limited liability company is STUDENT LOAN HOTLINE, LLC, referred to in these Articles of Organization as the "Company."

**ARTICLE II
MAILING AND STREET ADDRESS**

The mailing address and street address of the principal office of the Company are:

3338 Robert Trent Jones Drive, #303
Orlando, FL 32835

**ARTICLE III
REGISTERED AGENT**

The address of the initial Registered Office and the Registered Agent at such address are as follows:

Walsh Banks Law
105 East Robinson Street, Suite 303
Orlando, FL 32801

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

**ARTICLE IV
MANAGEMENT AND CONTROL**

The name and address of each person authorized to manage and control the limited liability company:

Manager

APATE SAFEGUARD, LLC
3338 Robert Trent Jones Drive, #303


FILED
19 APR 10 3:47 PM
CLERK OF DISTRICT COURT
ALACHUA COUNTY, FLORIDA

Orlando, FL 32835

**ARTICLE VI
EFFECTIVE DATE**

The effective date for the Company shall be the date of filing of these Articles of Organization

The Company is created pursuant to Chapter 605, Florida Statutes, and shall be governed by the laws of the State of Florida.



Brian M. Walsh, Esq., as
Authorized Representative

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19 APR 10 AM 10:47
CLERK OF STATE
AT TALLAHASSEE, FLORIDA