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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : I20150000008 Phone

: (850)777-2091

Fax Number

: (770)220-1943

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

•				
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FLORIDA LIMITED LIABILITY CO. LENDENCY LOANS LLC

Certificate of Status	1
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COVER LETTER

Division of Corporations		
SUBJECT: LENDENCY LOANS LLC		
	imited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Sharon K. Gray		
	Name of Person	
Triad Professional Services		
	Firm/Company	
12720 Windward Concourse, Ste.	390	-
	Address	
		TASA A
Alpharetta, GA 30005	City/State and Zip Code	192
	enyrotate and sup code	ترين درين
mail@lendency,∞m E-mail address: (to be use	ed for future annual report notification)	
For further information concerning this matter, ple	ease call:	19 (19)
	770) 777-2091	
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
S125.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee Certificate of State (additional copy is enclosed) □\$160.00 Filing Fee Certificate of State Certified Copy (additional copy is enclosed)	tus &
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	
	Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	•
Lendency Loans LLC (Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
501 E. Las Olas Blvd. Suite 300	501 E. Las Olas Blvd. Suite 300
Fort Lauderdale, FL 33301	Fort Lauderdale, FI 33301
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its canother husiness entity with an active Florida regists). The name and the Florida street address of the regist	own Registered Agent. You must designate an individual or ration.)
NRAI Services, Inc.	5
	ате
1200 South Pine Island R Florida street address (P.O.	
Plantation	FL 33324
City	Zip
the place designated in this certificate, I hereby accapacity. I further agree to comply with the provisi of my duties, and I am familiar with and accept the	SSI - S

MOR — Manager **MOR** — Man	"MOR" - Manager	501 E. Las Olas Blvd., Ste. 300		
AMSR Lendenov LLC S01 E. Las Olias Bivd. Ste. 300 Fort Lauderdale, Fl. 33301 (Use attachment if necessary) FICLE V: Effective date, if other than the date of bling: n effective date is listed, the date numt be specific aid cannot be more than five business days prior to or 90 days after date of filing.) FICLE VI: Other provisions, if asy. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 655 2020 (1) (b), Brotian Setutes, the execution of this document constitutes an affirmation sudget the penalties of perjury that the facts stated berein are true. I are sware that any filing information submired in a document to the Department of State constitutes a Grird degree felony as provided for in s.817.155, F.S.) Keepme Jackson. Authorized Paymon.	· · · · · · · · · · · · · · · · · · ·	501 E. Las Olas Blvd., Ste. 300		
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