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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ARISE FUNDING	SOURCE, LLC			
	-			
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				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
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				Fictitious Search
Signature				Fictitious Owner Search
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TO:

New Filing Section

D	ivision of Corporations			
SUBJECT	ARISE FUNDING SOURCE	, LLC		
JOBJECT		Limited Liabili	y Company	_
The enclos	ed Articles of Organization and fee(s)	are submitted	for filing.	
Please retu	rn all correspondence concerning this	matter to the fo	llowing:	
	Mark G. Turner, Esquire			
		Name of I	Person	
	STRAUGHN & TURNER, P.A.			
		Firm/Con	npany	
	255 Magnolia Avenue, Southwest			
		Addre	ss	
	Winter Haven, Florida 33880			
	maciemonteith@gmail.com	City/State and	Zip Code	
-	E-mail address: (to be us	ed for future an	nual report notification	1)
For further in	nformation concerning this matter, ple	ase call:		
	Mark Turner or Debby Babcock	863	293-1184	
	Name of Person	Area Code	Daytime Telephone	Number
Enclosed is	a check for the following amount:			
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	Certifie	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	1 C 2	itreet Address New Filing Section Division of Corporation Clifton Building 661 Executive Center Callahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		NDING SOURCE, L			
(Must cont	ain the words "Limited	Liability Company, '	'L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ac	ddress of the principal o	office of the Limited	Liability Company is:		
Princips	al Office Address:		Mailing Address:		
255 Magnolia Avenu		1428	14286 Beach Boulevard		
Winter Haven, Florid	la 33880	Suite 19-191			
		Jacks	onville, Florida 32250		
The name and the Florida street a	address of the registered MARK G. TURNER	d agent are:			
The name and the Florida street a	address of the registered	d agent are:			
The name and the Florida street a	MARK G. TURNER	l agent are: Name Ic, Southwest			
The name and the Florida street a	MARK G. TURNER	d agent are:	ceptable)		
The name and the Florida street a	MARK G. TURNER	l agent are: Name Ic, Southwest	ceptable)		
The name and the Florida street a	MARK G. TURNER 255 Magnolia Avenu Florida street addres	Name Ic, Southwest s (P.O. Box NOT acc			

(CONTINUED)

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR MACIE MONTEITH FOUTCH (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.

MARK G. TURNER

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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