

L21000120248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

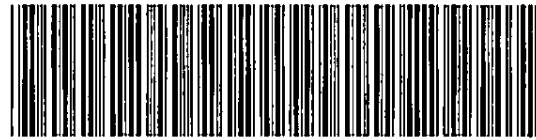
(Document Number)

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2021 JAN 13 AM 9:07

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: East Coast Consumer Finance, LLC  
Name of Limited Liability Company

2021 JAN 13 AM 9:07

FILED

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Natalie Gunk  
Name of Person

East Coast Consumer Finance, LLC  
Firm/Company

1700 East Sunrise Blvd. #1504  
Address

Fort Lauderdale, FL 33304  
City/State and Zip Code

natalie.gunk@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie Gunk at (786) 676-4402  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:

1700 East Sunrise Blvd. #1504  
Fort Lauderdale, FL 33304

Mailing Address:

1700 East Sunrise Blvd. #1504  
Fort Lauderdale, FL 33304

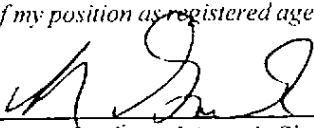
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Natalie Gunk  
Name  
1700 East Sunrise Blvd. #1504  
Florida street address (P.O. Box **NOT** acceptable)  
Ft Laud, FL 33304  
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.*

  
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

President

Vice President

**Name and Address:**

Natalie Gunk

1700 East Sunrise Blvd #1504  
Ft. Lauderdale, FL 33304

Phillip Wasserman

1700 East Sunrise Blvd. #1504  
Ft. Lauderdale, FL 33304

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/7/2020. (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:**

Natalie Gunk

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.

Natalie Gunk

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)