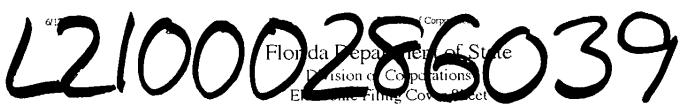
To: 18506176381 From: 12147128131 Date: 06/17/21 Time: 3:06 PM Page: 01/03



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002397363)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

E mail	Address:					

FLORIDA LIMITED LIABILITY CO.

The Finance Pilot, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The Finance Pilot, LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8506 Sunset Willow Court,	8506 Sunset Willow Court,
Orlando, FL, 32835	Orlando, FL, 32835

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:

	Name	
8506 Sunset Willow	v Court,	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
	FL	32835
Orlando	L L.	

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)

TANGLES OF STATE

To: 18506176381 From: 12147128131 Date: 06/17/21 Time: 3:06 PM Page: 03/03

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

"AMBR" = Autho "MGR" = Manag MGR			
_			
MGR			
		Mike Zigan	
		8506 Sunset Willow Court,	
		Orlando, FL, 32835	
MGR		Trina Zigan	
	<u></u> _	8506 Sunset Willow Court,	
		Orlando, FL, 32835	
MCD		Joseph Zigen	
MGR		Joseph Zigan 8506 Sunset Willow Court,	
		Orlando, FL, 32835	
		Orando, FE, 52655	
(Use attachment i	if necessary)		
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of filing.) If the date inserted	in this block does r	e specific and cannot be more than five busing not meet the applicable statutory filing requirent ent of State's records.	ess days prior to or 90 days
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