# L21000455411

(Re	equestor's Name)			
(Ad	idress)			
(Ad	ldress)	<u></u>		
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	Mait	MAIL		
(Bu	ısiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800375046958



10//19/21--01008--015 \*\*155.00



# **ARTICLES OF ORGANIZATION**

of

## **UFAH FUNDING LLC**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

### **ARTICLE 1 - ORGANIZATION NAME**

The name of the organization is UFAH Funding LLC.

### **ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

### **ARTICLE III - PURPOSE**

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida, and to be afforded all the protections of the laws of the State of Florida afforded to limited liability companies.

# **ARTICLE IV - ORGANIZATION OFFICE**

The organization's principal office address shall be as follows:

100 1<sup>st</sup> Ave N #3105 St Petersburg, FL 33701

The organization's mailing address shall be as follows:

100 1<sup>st</sup> Ave N #3105 St Petersburg, FL 33701



# ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Fredric Sherman 100 1st Ave N #3105 St Petersburg, FL 33701

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.

Fredric Sherman, Registered Agent

#### ARTICLE VI - MANAGERS

This organization shall have two (2) managers initially. The number of managers may be either increased or diminished from time to time by the By-Laws but shall never be less than one (2). The name and address of the initial manager of the organization is as follows:

Fredric Sherman 100 1<sup>st</sup> Ave N #3105 St Petersburg, FL 33701

Heidi Sherman 100 1<sup>st</sup> Ave N #3105 St Petersburg, FL 33701 2021 OCT 19 AH 7: 35

#### ARTICLE VII - EMAIL CONTACT INFORMATION

# **ARTICLE VIII - SIGNER**

The name and address of the person signing these Articles of Organization is as follows:

Fredric Sherman 100 1<sup>st</sup> Ave N #3105 St Petersburg, FL 33701

# ARTICLE IX - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the u		nas executed these	e Articles c	of
Organization this 14 pay of C	October, 2021.			
Smila XIV			202 SE	
Fredric Sherman			2021 OCT 19 SECRETAR	<u>ان ا</u>
STATE OF FLORIDA			<u> </u>	
COUNTY OF PINELLAS				ا ند
BEFORE ME, a Notary Public	authorized to take ackn	owledgments in th	ne State an	d d
County set forth above, persor				
person who executed the fo		ganization, or wh	o presente	d
me that he executed these Artic		and willo dekilowie	.ugeu beioi	_
me that he executed these / it is	sies of organization.			
IN WITNESS WHEREOF, I have	hereunto affixed my ha	and and seal, in th	he State an	d
County aforesaid, 14 day of	<del>-</del>			
	$\bigcap$	<u></u>	AHIMANIKO	11/1/2
/	Leheale	li 🔅	SAN SOTARI	
	Notary Public, State of Flo	orida at Large		رِي الم Siron (
	My Commission Expires:	= =====================================	My Comm. Exp Against 5, 200	