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.

(((H22000093173 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400

Phone : (516)935-3940

Fax Number : (516)935-3088

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

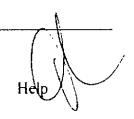
Email Address: \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO. REFRESHED CREDIT SOLUTIONS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu



→ 18506176381 pg 3 of 4

## H22000093173

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	Liability Company is:				
<u>-</u>	REFRESHED CREDI	T COLLITIO	מוו מוור		
	ast end with the words "Limi			," or "LLC.")	
ARTICLE II - Address: The mailing address and	street address of the principa	al office of the	Limited Liability	Company is:	
Principal Office Addres	<u>M</u>	alling Addres	<u>s:</u>		
4818 100TH DRIVI PARRISH, FL 342			100TH DRIVE		
(The Limited Liability Co another business entity v	red Agent, Registered Office ompany cannot serve as its of with an active Florida registrates a street address of the register.	own Registered ation.)	l Agent, You musi	t designate an individual or	
<u> </u>	STEVEN WALBORN			_	
		ame			
	4818 100TH DRIVE E			<del></del>	
	Florida street address (P.O.	Box NOT acc			
<u>.</u>	PARRISH	FL	34219	<del></del>	
the place designated capacity. I further agr	in this certificate, I hereby acted to comply with the provision familiar with and accept the Registered Agent's S	ccept the appoi ions of all statu e obligations of Chapter 605, F.	intment as register tes relating to the f my position as re S VUIRED)	e stated limited liability company and agent and agree to act in this proper and complete performance is stated agent as provided for STATE STAT	

Page 1 of 2

## H22000093173

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	OTEVEN WALBORN
AMBR	STEVEN WALBORN
	4818 100TH DRIVE E
	PARRISH, FL 34219
AMBR	JOSE BAEZ
	1040 DALLAS ROAD
	READING, PA 19605
	<del></del>
(Use attachment if necessary)	
CLE V: Effective date, if other than the	e date of filing:
CLE V: Effective date, if other than th	e date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must the of filling.)	be specific and cannot be more than five business days prior to or 90 days after
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with seconstitutes an affirmal arm aware that any file.)	to date of filing: