

4/20/22, 4:25 PM

Division of Corporations

L22000143771 165292

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H220001437713ABC.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

****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.
FUNDING LIZARD LLC**

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

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CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
1100 HOSFORD BLVD
TALLAHASSEE, FL 32310

2021 APR 20 AM 11:28

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(((H22000143771 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FUNDING LIZARD 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:7901 4TH STREET N, SUITE 5451
ST. PETERSBURG, FL 33702Mailing Address:7901 4TH STREET N, SUITE 5451
ST. PETERSBURG, FL 33702

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:

ITIEL COHEN

Name

7901 4TH STREET N, SUITE 5451Florida street address (P.O. Box ~~NOT~~ acceptable)ST. PETERSBURG FL 33702

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..

Itiel Cohen

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DEPARTMENT OF STATE
OFFICE OF THE CLERK
1901 AIRPORT BLVD., SUITE 100
TALLAHASSEE, FL 32310-0001

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

ITIEL COHEN
99 RUPERT AVE
ST. PETERSBURG, PA 33702

(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:

Itiel Cohen

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.

ITIEL COHEN

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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