

L22000418579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entry Name)

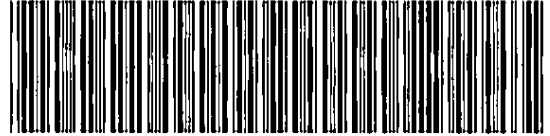
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM

SEP 28 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE FILINGS
22 SEP 27 PM 3:05

RECEIVED
2022 SEP 26 PM 3:36
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: 120210000160 Amount: paid \$125.00

Authorization Signature

USACOSTA LENDERS, LLC

Business Name

Document #

Walk in

___ Pick up time ___

___ Mail out

___ Will wait

___ Photocopy

___ **Certified Copy (s)**

___ **Certificate of Status**

NEW FILINGS

___ Profit

___ Not for Profit

X Limited Liability

___ Domestication

___ Other

___ **CORP**

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Revocation of Dissolution

___ Merger

___ **Conversion**

___ Articles of Conversion

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ **ARTICLES OF CORRECTION**

___ **APOSTIL)**

___ **Country**

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Usacosta lenders, llc.
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Keith Diamond

Name of Person

Keith Diamond, P.A.

Firm/Company

3440 Hollywood Blvd, Suite 415

Address

Hollywood, Florida 33021

City/State and Zip Code

Keithdiamond2@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Diamond

954

618-1008

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2022

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: USACOSTA LENDERS, LLC
Ref. Number: W22000122496

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 27 PM 3:05

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The name of the registered office must exactly reflect the active entity in our records, including the middle initial.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 322A00021477

RECEIVED
2022 SEP 27 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Usacosta lenders, 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:

3440 Hollywood Blvd, Suite 415
Hollywood, Florida 33021

Mailing Address:

3440 Hollywood Blvd, Suite 415
Hollywood, Florida 33021

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:

Keith Diamond, P.A.

Name

Keith D. Diamond, P.A.

3440 Hollywood Blvd, Suite 415

Florida street address (P.O. Box NOT acceptable)

Hollywood

FL

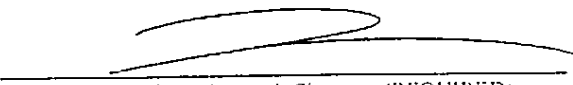
33021

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)

22 SEP 27 PM 3:05

FLORIDA
DIVISION OF CORPORATIONS

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:

MGR

Keith Diamond
3440 Hollywood Blvd. Suite 415
Hollywood, Florida 33021

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 27 PM 3:05

(Use attachment if necessary)

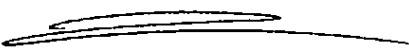
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Keith Diamond

Typed or printed name of signer

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)