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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAII	_
(Bu	usiness Entity Name)	 -
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Central Horida Finance Group LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for fiting
Please return all correspondence concerning this matter to the following:
Jahman CAHAWAY Name of Person
Central Florida Finance Curoup LLC Firm/Company
2952 S 1210 Crande Ave Apt C
Orlando FZ 32805 CityState and Zip Food Change Callaway C Cmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jahman Callaway at 467 419.7145 Name of Person Area Code Daytime Telephone Number
ted is a check for the following amount:
☐\$125.00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Central Florida Finance Group 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 Liabinty Company is:

Principal Office Address:	Mailing Address:
2952 S RIO Carande Auc	2952 S Bo Grande Ac
Grlando FL 32805	Orlando FL 32805

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 of another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jahman CACAWAY

Name

2952 S Go Grande Ave Apt C

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

Orlando FL 32805

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 turnier 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 (REO)/IRED

(CONTINUED)

"MGR" = Manager MGR" = Manager (OPTIONAL) Service date in listed, the date must be specific and cannot be more than five business days prior to or 90 to 10 mms. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment s effective date on the Denartment of State's records. E VI: Other provisions, if any. REOURED 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.2 Jahman Galland Galla
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\$ 30.00 Cartified Comp (Optional)
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)
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ARTICLE IV-