## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 : (305)675-5944 Fax Number

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Email Address:

## FLORIDA LIMITED LIABILITY CO. E CARD LENDING LLC

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

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ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
E Card Lending LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
8700 West Flagler Street	
8700 West Flagler Street Miauxi FL 33174	
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The Limited' Luability, Scompany cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	2023 AUG 22
Nosp' C Gouzglez 57201 Street 5 Miani FL 33174	<u>₹</u> 77
Miami FL 33174	ယ
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	
Vosé C. Gouzalez AMBR	<u> </u>
Pablo Silverio Rebollido AMBR	·
José Carlos Gouzález AMBR	· · · · · · · · · · · · · · · · · · ·
	<del></del>

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.3.

JOSE C. GONZALEZ

Typed or printed name of signee

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 agnes 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)