L23000 406976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

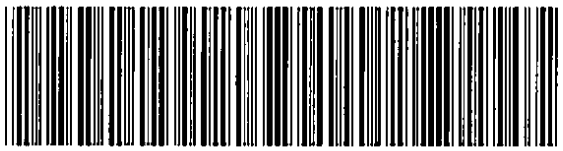
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700414578657

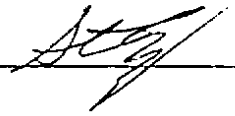
CAPITAL CONNECTION, INC.

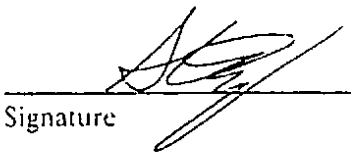
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Professional Loan Processing Services, LLC

Please Debit **FCA000000003** For: 130.00

Thank you Seth Neeley





Signature

Requested by: BA 09.01.23

Name Date Time

Walk-In _____ Will Pick Up _____

- ____ Art of Inc. File_____
- ____ LTD Partnership File_____
- ____ Foreign Corp. File_____
- X L.C. File_____
- ____ Fictitious Name File_____
- ____ Trade/Service Mark_____
- ____ Merger File_____
- ____ Art. of Amend. File_____
- ____ RA Resignation_____
- ____ Dissolution / Withdrawal_____
- ____ Annual Report / Reinstatement_____
- ____ Cert. Copy_____
- X Photo Copy_____
- ____ Certificate of Good Standing_____
- X Certificate of Status_____
- ____ Certificate of Fictitious Name_____
- ____ Corp Record Search_____
- ____ Officer Search_____
- ____ Fictitious Search_____
- ____ Fictitious Owner Search_____
- ____ Vehicle Search_____
- ____ Driving Record_____
- ____ UCC 1 or 3 File_____
- ____ UCC 11 Search_____
- ____ UCC 11 Retrieval_____
- ____ Courier_____

COVER LETTER

TO **New Filing** Section
Division of Corporations

SUBJECT PROFESSIONAL LOAN PROCESSING SERVICES ,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:

MANUEL PEREZ
Name of Person

PROFESSIONAL LOAN PROCESSING SERVICESS. LLC
Firm/Company

2425 s.w. 27 AVE # 903
Address

MIAMI, FL 33145
City/State and Zip Code

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

For further information concerning this matter, please call:

MANUEL PEREZ at (305) 988-5007
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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

PROFESSIONAL LOAN PROCESSING SERVICES LIMITTED LIABILITY COMPANY

(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:	Mailing Address
2425 S.W. 27 AVE # 903 MIAMI. FL 33145	2425 S. W. 27 AVE #903 miami,fl 33145

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:

MANUEL PEREZ
Name

2425 S.W. 27 AVE # 903
Florida street address (P.O. Box NOT acceptable)

City	State	Zip
MIAMI	FL.	33145

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)

2023 APR 11 AM 11:03

ARTICLE IV.

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

Title	Name and Address
"AMBR" = Authorized Member "MGR = Manager MANUEL PEREZ	2425 S.W. 27 AVE # 903 MIAMI , FL 33145

(Use attachment if necessary)

ARTICLE V Effective date, if other than the date of filing 8/29/2023 (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

NONE

REQUIRED SIGNATURE

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605 0203 (1) (e) 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

MANUEL PEREZ

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)

2023 ... AM 11:32