From: M. BURR KEIM CO

Fax: 12159779386



## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

\*\*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. ERCCREDIT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

To:

(((H230004319073)))

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

# ARTICLE I - Name: - The name of the Limited Liability Company is: ERCCREDIT 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:
12548 NW 74th Place	12548 NW 74th Place
Parkland, FL 33076	Parkland, FL 33076

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:

Austin Rutherford		·
	Name	
12548 NW 74th Pl	ace	
Florida street addr	ess (P.O. Box <u>NOT</u> a	cceptable)
Parkland	FL	33076
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 Iam 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)

. (((H230004319073)))

AMBR  Austin Rutherford  12548 NW 74th Place  Parkland. FL 33076   Use attachment if necessary)  V: Effective date, if other than the date of filing:	Title:	Name and Address:	
Austin Rutherford  12548 NW 74th Place Parkland. FL 33076  V: Effective date, if other than the date of filing:	"AMBR" = Authorized Member	•	
Use attachment if necessary)  V: Effective date, if other than the date of filing:	"MGR" = Manager	*	
Use attachment if necessary)  V: Effective date, if other than the date of filing:  (OPTIONAL)  tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOURED SIGNATURE:  Signature of a member or an authorized representative of a member.  This pocument 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.	AMBR	Austin Rutherford	
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