

L24000228206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

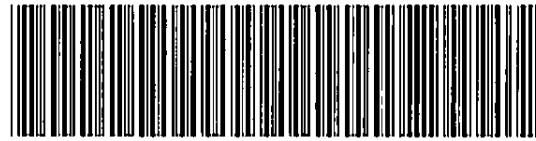
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400429989444

2/16/24

RECEIVED
2024 MAY 23 PM 12:16
JULIAN S. SANCHEZ
JULIAN S. SANCHEZ



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 05/20/2024

Name: Patrice Rush

Reference #: 2375555

Entity Name: SAMARITAN FUND PROGRAM, LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

Authorized Amount: \$125.00

Signature: 



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 05/20/2024

Name: Patrice Rush

Reference #: 2375555

Entity Name: SAMARITAN FUND PROGRAM, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$125.00

Signature: 

**ARTICLES OF ORGANIZATION
OF
SAMARITAN FUND PROGRAM, LLC**
(a Florida limited liability company)

**ARTICLE I
NAME**

The name of the Limited Liability Company is Samaritan Fund Program, LLC.

**ARTICLE II
ADDRESS**

The Mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
1003 Ariola Dr.
Pensacola Beach, FL 32561

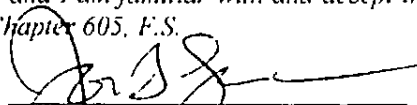
Mailing Address:
1003 Ariola Dr.
Pensacola Beach, FL 32561

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Joseph F. Lavigne
201 S Biscayne Blvd
Citi Center, Suite 3000
Miami, FL 33131-4341
Email: jlavigne@joneswalker.com

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.


Name: Joseph F. Lavigne


**ARTICLE IV
MANAGEMENT**

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

Name	Title: "AMBR" = Authorized Member "MGR" = Manager	Address
Brett Morris	MGR	1003 Ariola Dr. Pensacola Beach, FL 32561

[Signature page follows.]

IN WITNESS WHEREOF, the undersigned have signed these Articles of Organization
as of May 22, 2024.

By: 
Name: Brett Morris
Title: Sole Member and Manager

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.

202.

[Signature Page to Articles of Organization of Samaritan Fund Program, LLC]