

L24000383462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

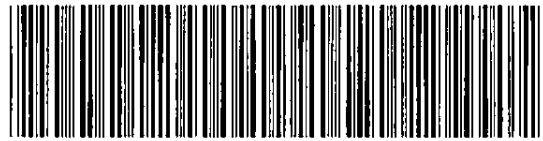
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/23/24--01017--004 **130.00

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2024 AUG 23 PM 6:05

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: AFC Consulting LLC dba Remote Lender
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:

Fernando Corona

Name of Person

AFC Consulting LLC

Firm/Company

879 West 190th Street, Suite 400

Address

Gardena, CA 90248

City/State and Zip Code

fernando@myremotelender.com

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

For further information concerning this matter, please call:

Fernando Corona

+1

(616)714-2440

at ()

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2024 APR 23 PM 6:00
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AFC Consulting 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 Liability Company is:

Principal Office Address:

879 West 190th Street, Suite 400
Gardena, CA 90248

Mailing Address:

879 West 190th Street, Suite 400
Gardena, CA 90248

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:

Registered Agents Inc.
Name

7901 4th St N STE 300 PINELLAS COUNTY

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

St. Petersburg, FL, 33702

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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Signed by:

David R. Rosta

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
2024 AUG 29 PM 6:06

Remote Lender

By Certified Mail - Return Receipt Requested

Fernando Corona

CEO - Remote Lender

879 West 190th Street, Suite 400

Gardena, CA 90248

+1(626)714-2440

fernando@myremotelender.com

FILED
SECONDARY OF CLAIM
2024 AUG 23 PM 6:06

Certified Copy

I hereby certify that the following transcript of 1 page(s) is a full, true, and correct copy of the original record in the custody of the California Secretary of State's office.

09/02/2021
Certification Date

Shirley N. Weber, Ph.D.
Secretary of State



Secretary of State
Amendment to Articles of
Organization of a
Limited Liability Company (LLC)

LLC-2

IMPORTANT — Read Instructions before completing this form.

Filing Fee — \$30.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee — \$5.00

Note: You must file a Statement of Information (Form LLC-12), to change the business address(es) of the LLC or to change the name or address of the LLC's manager(s) and/or agent for service of process, which can be filed online at bizfile.sos.ca.gov/SI.

FILED

Secretary of State
State of California

08/31/2021

Filing Date

Above Space For Office Use Only

1. LLC Exact Name (Enter the exact name on file with the California Secretary of State.)

A&F PROPERTY MGMT LLC

2. LLC 12-Digit Entity (File) Number (Enter the exact 12-digit Entity (File) Number issued by the California Secretary of State.)

2 0 2 1 0 2 7 1 1 0 0 5

3. New LLC Name (If Amending) (See Instructions — List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State. The name must contain an LLC identifier such as LLC or L.L.C. "LLC" will be added, if not included.)

AFC Consulting LLC

4. Management (If Amending) (Select only one box)

The LLC will be managed by:

☐

One Manager

☐

More than One Manager

☐

All LLC Member(s)

5. Purpose Statement (Do not alter Purpose Statement.)

The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

6. Additional Amendment(s) set forth on attached pages, if any, are incorporated herein by reference and made part of this Form LLC-2. (All attachments should be 8½ x 11, one-sided, legible and clearly marked as an attachment to this form LLC-2.)

Signature

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

Scott Smith

Scott Smith

Sign here

Print your name here