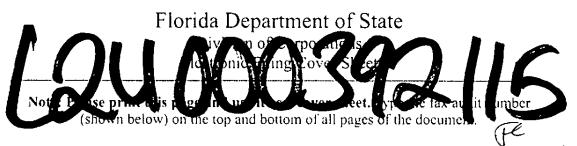
From: 17189252027 To: 18506176381 Date Time 09/11/24 04:53PM Pages: 3 P: 1/3

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Division of Corporations



(((H240003101603)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

Account Name : FILE IT USA INC.

Account Number : I20190000121

Phone

: (718)925-2025

Fax Number

: (718)925-2027

ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: service@fileitusa.com

## FLORIDA LIMITED LIABILITY CO. Spring Funding FL LLC

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

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## ARTICL

City

<u>Principal Offi</u>	ice Address:		Mailing Add	<u>lress</u> :	
9600 Koger Blvd	N, Suite 236	9600 I	Koger Blvd 1	N, Suite 2	36
St. Petersburg,	FL 33702	St.	Petersburg,	FL 33702	_
ICLE III - Registered Agent, Re					
e Limited Liability Company canno	nt serve as its own Registe				
		red Agent. You n	iust designate an ii	ndividual or	
		red Agent. You n	iust designate an ii	ndividual or	
ther business entity with an active	Florida registration.)	-	iust designate an ii	ndividual or	2(
ther business entity with an active	Florida registration.)	-	iust designate an ii	ndividual or	2024
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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.

State

Zip

Tim Pratts, Special Secretary Registered Agent's Signature (REQUIRED)

(CONTINUED)

09/11/2024 16:53 (((H24000310160 3))) 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 Receivables Portfolio Management Manager Corporation
9600 Koger Blvd N, Suite 236
St. Petersburg, FL 33702 AMBR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ (OPTIONAL) S (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. REQUIRED SIGNATURE: /s/ Miriam Schwartz Signature of a member or an authorized representative of a member. 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.

Miriam Schwartz Typed or printed name of signee

## 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)