

9/11/24, 4:28 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

L24000392371

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(((H24000310141 3)))

FL
9-12-24



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FILE IT USA INC.
Account Number : I20190000121
Phone : (718)925-2025
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Enter 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.

Mynt Advance FL LLC

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

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2024 SEP 11 PM 4:53
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TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mynt Advance FL 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:

9600 Koger Blvd N, Suite 236
St. Petersburg, FL 33702

Mailing Address:

9600 Koger Blvd N, Suite 236
St. Petersburg, FL 33702

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:

Corporate Creations Network Inc.

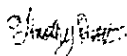
Name

801 US Highway 1

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

<u>North Palm Beach</u>	<u>FL</u>	<u>33408</u>
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..



Tim Pratt, Special Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR

Receivables Portfolio Management Manager Corporation

9600 Koger Blvd N, Suite 236

St. Petersburg, FL 33702

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL) 2024 SEP 11 PM 3:16
(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)

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