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Division of Corporations

Florida Department of State Division of C

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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 Fax Number : (718)925-2027

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.

Avion Funding FL LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE II - Address:

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

r rincipal Office Address:	Maning Address:
9600 Koger Blvd N, Suite 236	9600 Koger Blvd N, Suite 236
St. Petersburg, FL 33702	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:

Date stand Office Address.

Corporate Creations N	etwork Inc.	
	Name	
801 US Highway 1		
Florida street address	(P.O. Box <u>NOT</u> a	cceptable)
North Palm Beach	FL	33408
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..

Shooty first	Tim Pratts, Special Secretary
Registe	ered Agent's Signature (REQUIRED)

(CONTINUED)

OIVISION OF CORPORATION

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 ж		I. E	 ١ -

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

Title:	Name and Address:
"AMBR" = Authorized M	lember
"MGR" = Manager	
AMBR	RF Servicing Management Corporation
	9600 Koger Blvd N, Suite 236
	St. Petersburg, FL 33702
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necess	arv)
(OSC Machinett it necessi	",1
ARTICLE V: Effective date, if other	er than the date of filing: (OPTIONAL)
(If an effective date is listed, the da	ate must be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	the mass we specific and cannot be more than the business days prior to be 20 days after
	lock does not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the	
ARTICLE VI: Other provisions, if a	any.
	· · · · · · · · · · · · · · · · · · ·
REQUIRED SIGNATU	RE:
	/s/ Miriam Schwartz
	nature of a member or an authorized representative of a member.
	ment is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
l am awar	e that any false information submitted in a document to the Department of State

Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.

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)

Miriam Schwartz

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