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Division of Corporations

## Florida Department of State Division of Cornor

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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. Alt Funding FL LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

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

> > (CONTINUED)

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

<u> 11116:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	RF Servicing Management Corporation	
AMDIC	9600 Koger Blyd N. Suite 236	
	St. Petersburg, FL 33702	
	21. 1 exp100df [1] 1 to 1.070d	
<del></del>		
(Use attachment if necessary)		
• •		
ARTICLE V: Effective date, if other than the date	c of filing: (OPTIONAL)	
	pecific and cannot be more than five business days prior to or 90 d	
	pecture and cannot be more than five business days prior to or 50 d	ays after
the date of filing.)		
	meet the applicable statutory filing requirements, this date will not b	e listed as
the document's effective date on the Department	t of State's records.	
ARTICLE VI: Other provisions, if any.		
	· · · · · · · · · · · · · · · · · · ·	
REOURED SIGNATURE:		
	m Schwartz	
Signature of a m	ember or an authorized representative of a member.	
	uted in accordance with section 605.0203 (1) (b), Florida Statutes.	
	se information submitted in a document to the Department of State	
constitutes a third degree	ce felony as provided for in s.817.155, F.S.	
Tanger a min a dage		
Miriam Schwart	77	
William Schwart	Typed or printed name of signee	:⊒
	1 3 per or primed mante of signer	

## 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)