

12/24, 4:4 M

## Division of Corrections

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((11240004224813)))



H240004224813ABC.

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

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 included in annual report mailings. Enter only one email address.

Email Address: [SERVICE@FILEITUSA.COM](mailto:SERVICE@FILEITUSA.COM)

**FLORIDA LIMITED LIABILITY CO.**

## Zen Funding Source LLC

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

2024 DEC 26 PM 5:00

2024 DEC 26 PM 5:01

卷之三

## Electronic Filing Menu

## Corporate Filing Menu

## Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Zen Funding Source LLC**

(Must contain the words "Limited Liability Company, "LLC," 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)

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.*

*Tim Pratts*

Tim Pratts, Special Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 DEC 26 PM 5:00  
FLORIDA  
TALLAHASSEE, FL  
REC'D BY  
FLORIDA  
CORPORATION  
COMMISSIONER

FLORIDA

((H240004224813)))

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

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)

(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)**

2024 DEC 26 PM 5:00  
FLORIDA SECRETARY OF STATE  
MAILING ADDRESS: FLS

FLORIDA  
MAILING ADDRESS: FLS

((H240004224813)))