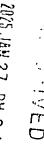
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:











2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account | 120210000160: \$125.00 Authorization Signature 50 South Pointe Lenders, LLC Business #Document Will wait Walk in Certified Copies of articles Certificate of Status NEW FILINGS **AMENDMENTS** Profit Amendment ____Resignation of R.A. Not for Profit ____ Change of Registered Agent _X _LLC Revocation of Dissolution Domestication Conversion INC CORP __ Statement of Authority **OTHER** Merger Restated Articles **OTHER FILINGS REGISTRATION/QUALIFICATIONS** TRANSMITTAL LETTER Foreign Filing Partnership Fictitious Name Reinstatement Statement of CORRECTION ___ Statement of Authority Domestication of a Foreign Corp. ____ APOSTIL _ COUNTRY Other

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:_____

FLORIDA CAPITAL COURIER SERVICES, INC. 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account | I20210000160: \$125.00 Authorization Signature 50 South Pointe Lenders, LLC #Document Business Will wait Walk in Certified Copies of articles Certificate of Status **NEW FILINGS AMENDMENTS** _ Profit ____ Amendment Not for Profit _ Resignation of R.A. Change of Registered Agent _X _ LLC Revocation of Dissolution Domestication INC Conversion ___Statement of Authority CORP **OTHER** Merger Restated Articles **OTHER FILINGS REGISTRATION/QUALIFICATIONS** __ Foreign Filing TRANSMITTAL LETTER Partnership Reinstatement Fictitious Name Statement of CORRECTION __ Statement of Authority Domestication of a Foreign Corp. ___ APOSTIL _ **COUNTRY** Other

EXAMINER'S INITIALS:

COVER LETTER

TO:	New Filing Section Division of Corporations				
SUBJEC	50 SOUTH POINTE LENDERS,	LLC.			
70 DJ L		Limited Liab	ility Company	<u> </u>	
he encl	osed Articles of Organization and fee(s) are submitte	ed for filing.		
lease re	turn all correspondence concerning this	matter to the	following:		
	Keith Diamond				
		Name o	of Person		- 20:
	Keith D. Diamond, P.A.				25
		Firm/C	Company		: :: \frac{1}{2}
	3440 Hollywood Blvd, Suite 415			izzn.	:
		Ade	iress		_ ·.>
	Hollywood, Florida 33021				ا . س
	V. Europe des Constitutions	City/State a	and Zip Code		_
	K.diamondpa@gmail.com E-mail address: (to be us	sed for future	annual report notificati	ion)	-
further	r information concerning this matter, plo			- '	
	Keith Diamond	954 (618-1008		
	Name of Person	Area Code	Daytime Telephon	e Number	
nclosed	I is a check for the following amount:				
	00 Filing Fee S130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	S160.00 Filing Fe Certificate of Status Certified Copy (additional copy is encl	&
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Lia	onity Company is:				
50 SOUTH POIN	ITE LENERS, LLC.				
(Must o	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stre	et address of the principal	office of the Limited	Liability Company is:		
Principal Office Address:			Mailing Address:		
3440 Hollywood Blvd. Suite 415		3440	3440 Hollywood Blvd, Suite 415		
Hollywood, Flori		Hollywood, Florida 33021			
(The Limited Liability Companother business entity with The name and the Florida str	an active Florida registrati	on.)	ou must designate an indi	vidual or	
	Keith D. Diamond,				
		Name			
	3440 Hollywood Bl	vd, Suite 415	<u> </u>		
	Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)		
	Hollywood	Florida	33021		
	City	State	Zip		
Having been named as register place designated in this certific further agree to comply with the am familiar with and accept the	ate, I hereby accept the app c provisions of all statutes r e obligations of my position	pointment as registere relating to the proper.	d agent and agree to act in and complete performance s provided for in Chapter (this capacity. It of my duties, and I	
		(CONTINUED)			

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Keith Diamond 3440 Hollywood Blvd. Suite 415 Hollywood. Florida 33021
	
(Use attachment if necessary)	
If an effective date is listed, the date must be speci he date of filing.)	filling: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed a State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed I am aware that any false in	ther or an authorized representative of a member. I in accordance with section 605 9303 (1) (b), Florida Statutes, information submitted in a document to the Department of State elony as provided for in \$817.155, F.S.
Keith Diamond	Typod of printed name of signee
	l ypod or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)