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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAY - 3 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAA ANY BUSINESS LOANS LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JAMES STRASSBURG

Name of Person

AAA ANY BUSINESS LOANS LLC

Firm/Company

119 ORCHARD RIDGE LANE

Address

BOCA RATON FL 33431

City/State and Zip Code

DIXIEDOOLA4343@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES STRASSBURG

Name of Contact Person

at (561) 860 6761

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy

\$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ~~AAA~~ AAA ANY BUSINESS LOANS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

AAA ANY BUSINESS LOANS I LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. state of NEVADA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. EIN 82-1068023
(FEI number, if applicable)

4. Ø
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 119 ORCHARD RIDGE LANE
(Street Address of Principal Office)

6. BOCA RATON FL. 33431
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JAMES STRASSBURG M.R.

Office Address: 119 ORCHARD RIDGE LANE
BOCA RATON, Florida 33431
(City) (Zip code)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

James Strassburg 4/24/17
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MANAGER</u>	<u>JAMES STRASSBURG</u> <u>119 ORCHARD RIDGE LANE</u> <u>BOCA RATON FL 33431</u>	<u>M.R.</u>	<u>JAMES STRASSBURG</u> <u>119 ORCHARD RIDGE LANE</u> <u>BOCA RATON FL 33431</u>
<u>MANAGER</u>	<u>JEFFREY PATCHEN</u> <u>119 ORCHARD RIDGE LANE</u> <u>BOCA RATON FL 33431</u>	<u>M.R.</u>	<u>JEFFREY PATCHEN</u> <u>119 ORCHARD RIDGE LANE</u> <u>BOCA RATON FL 33431</u>

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

James Strassburg
Signature of an authorized person

10. 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.

JAMES STRASSBURG
Typed or printed name of signer

SECRETARY OF STATE



FILED
2017 MAY -1 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE (INCLUDING AMENDMENTS)

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AAA ANY BUSINESS LOANS LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 31, 2017, and is in good standing in this state.

I further certify, that the above limited liability company has Articles of Organization and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 21, 2017.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Jennifer Wilton
Certificate Number: C20170420-1885
You may verify this certificate
online at <http://www.nvsos.gov/>



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2017

JAMES STRASSBURG
119 ORCHARD RIDGE LANE
BOCA RATON, FL 33431

2017 MAY -1 AM 10:36
REGISTRATION DIVISION
TALLAHASSEE, FLORIDA

Pursuant to our telephone conversation of April 17, 2017, I am enclosing a Foreign LLC qualification form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 917A00007404