

# L03000004399

Division of Corporations

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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (305) 673-0347  
Fax Number : (305) 532-0738

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TALLAHASSEE, FLORIDA

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## LIMITED LIABILITY COMPANY

Sawgrass Mortgage & Financial, LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:  
Sawgrass Mortgage & Financial, LLC

ARTICLE II ADDRESS

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

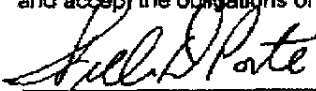
1116 N.W. 134 Avenue  
Sunrise, Florida 33323

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

William Porte  
1116 NW 134 Avenue  
Sunrise, Florida 33323

Having been named as registered agent 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 608, F.S.



Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one member or more members and is, therefore, a member - managed company.

ARTICLE V MEMBERS (optional)

Managing Member : Colleen Porte  
1116 NW 134 Avenue Sunrise, Florida 33323

Managing Member : William Porte  
1116 NW 134 Avenue Sunrise, Florida 33323

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Colleen F. Porte

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.409(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

William Porte

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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