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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : HUBCO

Account Number : 104662003400

Phone

Fax Number

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FEORIDA/FOREIGN LIMITED LIABILITY CO.

SL Mortgage LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: SL Mortgage LLC

ARTICLE II - Address

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

Principal Office Address:	Mailing Address:
11555 Heron Bay Boulevard, Suite 200	11555 Heron Bay Bouleyard, Suite 200
Coral Springs, FL 33076	Coral Springs, FL 33076
ARTICLE III - Registered Agent, Registered Offit The name and Florida street address of the registered agent are	
Sanjeev Lalchar	
	Name S
6109 NW 124th	Drive For S
(P.O. Box or	Mail Drop Box NOT Acceptable)
Coral Springs, 1	FL 33076
-	City / State / Zip)
at the place designated in this certificate, I hereby accept to capacity. I further agree to camply with the provisions of a of my duties, and I am familiar with and accept the obligate Chapter 608, F.S.	the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance tions of my position as registered agent as provided for in

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Sanjeev Lalchandani- 6109 NW 124th Drive, Coral Springs, FL 33076
(Use attachment if necessary)	
REQUIRED SIGNATURE:	de.
Signature	of a member or authorized representative of a member.
	nce with section 608.408(3), Florida Statutes, the execution of this onstitutes an affirmation under the penalties of perjury that the facts n are true.)
	Sanjeev Lalchandani
	Turned or printed nome of signes